



NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

THE COUNTY
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1957



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JOHN B. TILLEY, M.D., B.Hy., D.P.H., *County Medical Officer*



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Mental Health.
Ambulance Services.
Family Care.
Area Health Sub-Committees (8).

STAFF OF THE HEALTH DEPARTMENT.

County Medical Officer and Principal School Medical Officer	J. B. TILLEY, M.D., B.S., B.Hy., D.P.H.
Deputy County Medical Officer	W. MINNS, M.B.E., M.B., B.S., B.Hy., D.P.H.
Maternity and Child Welfare Medical Officer and Medical Supervisor of Midwives	JANET M. EDWARDS, M.B., Ch.B., D.P.H.
Senior School Medical Officer	W. J. PIERCE, M.B., Ch.B., D.P.H.
Area Executive Medical Officers—	
North 1 and 2 Areas	R. SHORT, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S.(G), D.P.H.
Central Area	CATHERINE B. MCGREGOR, M.B., Ch.B., D.P.H.
East Area	A. DONALDSON, M.B., Ch.B., D.P.H.
South Area... ..	MADGE HOPPER, M.B., B.S., B.Hy., D.P.H.
South-East Area	W. CUNNINGHAM, M.B., Ch.B., D.P.H. (Retired 4th December, 1957).
Wallsend Area	G. M. CUBIE, M.B., Ch.B., D.P.H.
West Area	J. M. McEWAN, M.B., Ch.B., D.P.H.
Administrative Assistant	E. W. WOODCOCK.
Assistant County Medical Officer and School Medical Officer	ISOBEL J. McLARTY, M.B., Ch.B.
Assistant County Medical Officers (Maternity and Child Welfare)	JEAN CARMICHAEL, M.B., B.S. CATHERINE B. SINCLAIR, M.B., Ch.B. MARIAN PARKINSON, M.B., B.S. PAMELA WILLIS, M.B., B.S. (Commenced 1st March, 1957).
School Medical Officers	M. WINIFRED DEWELL, M.B., B.S. ANNA M. REID, M.B., Ch.B., D.P.H. EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H. W. W. BURNETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H. ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H. R. A. MATTHEWS, M.B., B.S., M.R.C.S., L.R.C.P. J. DEEGAN, M.B., B.S. ENID M. YOUNG, M.B., B.S.
Chest Physicians	J. R. BEAL, M.D., D.P.H. J. M. GILMORE, M.D., D.P.H. G. HURRELL, M.D., B.Hy., D.P.H. C. VERITY, M.D., D.P.H. F. L. WOLLASTON, M.R.C.S., L.R.C.P.

Staff of the Health Department—*continued.*

Principal School Dental Officer	...	A. E. ROBINSON, F.D.S.R.C.S.
Orthodontist ...	...	JOAN WEYMAN, F.D.S.R.C.S., D.Orth.
Dental Officers	...	C. D. ANDERSON, L.D.S.
		R. S. BODENHAM, B.D.S.
		AGNES E. M. BROWN, B.D.S.
		H. J. COOMBES, L.D.S.
		SHEILA M. CRUTE, B.D.S. (Commenced 2nd September, 1957).
		E. T. CUNNELL, B.D.S.
		D. P. DAVIDSON, B.D.S. (Resigned 31st May, 1957—Recommenced 12th June, 1957).
		AUDREY E. ERSKINE, L.D.S. (Resigned 31st August, 1957).
		R. M. FOULDS, L.D.S.
		HELEN C. GENT, B.D.S.
		JOSEPHINE T. GRIFFIN, L.D.S. (Resigned 31st January, 1957).
		SHIRLEY J. HAGGIE, B.D.S. (Resigned 19th November, 1957).
		J. F. HORSEMAN, L.D.S.
		T. A. IRELAND, L.D.S.
		W. J. IRVINE, L.D.S.
		MARGARET I. LAMB, L.D.S.
		SHIRLEY E. LONG, L.D.S.
		T. M. MAHADERVAN, L.D.S.
		W. P. NEILSON, L.D.S.
		A. K. PATERSON, B.D.S.
		MARGARET P. QUINN, B.D.S. (Resigned 16th February, 1957).
		W. ROBSON, L.D.S.
		J. W. RUSSELL, L.D.S.
		S. J. SMITHSON, L.D.S.
		NORMA S. STEWART, B.D.S.
		E. G. STUART, B.D.S. (Commenced 1st October, 1957).
		HILDA M. WALTON, B.D.S. (Commenced 1st October, 1957).
		R. W. WHITTINGHAM, B.D.S. (Commenced 2nd December, 1957).
Principal Nursing Officer	...	ANN A. GRAHAM, O.B.E., S.R.N., H.V. Cert., F.R.S.H.
Deputy Principal Nursing Officer (Health Visiting)	...	MAY FOTHERGILL, S.R.N., S.C.M., H.V. Cert. R.S.H.
Deputy Principal Nursing Officer (Midwifery and Nursing)	...	MARY GILLILAND, S.R.N., S.C.M., H.V. Cert. R.S.H.
Assistant Principal Nursing Officer (Health Visiting)	...	MARY ATKINSON, S.R.N., S.C.M., H.V. Cert. R.S.H.
Assistant Principal Nursing Officer (Midwifery and Nursing)	...	YVETTE ESME BUCKOKE, S.R.N., S.C.M., H.V. Cert. R.S.H. (Com- menced 1st April, 1957).
Almoners	...	ELEANOR M. FOSTER, A.M.I.A. (Resigned 1st October, 1957).
		DOROTHY L. DUNN.

Staff of the Health Department—*continued*.

Family Case Workers	...	...	JOAN TAYLOR, B.A. (Admin.). (Resigned 31st March, 1957). JACQUELINE M. FLETCHER, B.A.
County Health Inspector	...	...	D. LISTER, Cert. S.I.B., M.R.S.H., F.A.P.H.I.
Ambulance Officer	...	...	G. D. DICKINSON.
Senior Duly Authorised Officer	...	...	L. ARMSTRONG.
Duly Authorised Officers	...	...	G. T. HARRISON. T. A. HENDERSON. W. R. PRINGLE. C. I. VASS. C. J. MCKENZIE, (Commenced 1st January, 1957).
Supervisors of Occupation Centres—			
Wallsend	...	...	G. SANDERSON.
Ashington	...	...	MRS. N. E. ANDERSON, (Commenced 30th April, 1957).
Bedlington	...	...	MARGARET E. LLOYD (Resigned 30th April, 1957). MARGARET FISHER (Commenced 4th September, 1957).
Berwick (part-time)	...	...	RHODA GREIG (Resigned 31st January, 1957). CATHERINE A. HOGG (Commenced 11th February, 1957 and Resigned 30th September, 1957). FLORENCE E. ROBSON (Commenced 1st November, 1957).
Prudhoe (part-time)	...	...	DOROTHY HEADS (Commenced 1st July, 1957).
Supervisor of Blind Welfare	...	...	EILEEN METCALFE, Home Teacher's Certificate.
Home Teachers	...	...	MARY ELLIOTT, Home Teacher's Cer- tificate. JANE T. HOGARTH, Do. ISABEL M. KAY, Do. HILARY G. LOTEN, Do. EDNA SIMPSON, Do. (Deceased September, 1957). MARGARET E. CAWS, Home Teacher's Certificate. MARJORIE HOWARTH, Do. (Resigned 8th December, 1957).
Welfare Visitor	...	...	MARY W. PATTERSON.
Home Help Organiser	...	...	DOREEN GROSE.
Assistant Home Help Organiser	...	...	MARGARET J. TRELOAR.
Occupational Therapists	ENID URWIN, M.A.O.T. SHIRLEY P. HAIGH, M.A.O.T. (Commenced 2nd September, 1957). ISABELLA H. HAVERY, (Part-time) (Commenced 18th November, 1957).

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TO THE CHAIRMAN AND MEMBERS OF THE NORTHUMBERLAND
COUNTY COUNCIL.

Mr. Chairman, My Lords, Ladies and Gentlemen,

It is my privilege to present to you the 65th in the series of annual reports on the health of Northumberland. Perhaps the most outstanding event of the year was the progress that was made with the protection of the children of the county against poliomyelitis; some 25,000 children received two injections of vaccine during the year and a very large number have been protected since then. This is the beginning of the latest advance we have made in preventive medicine in this country, and in Northumberland we hope that we shall soon be able to regard vaccination against poliomyelitis as a routine procedure.

The statistics show that the infant mortality rate was reduced to a new low record. The report deals in some detail with the perinatal death rate which was increased, though the mortality of infants in the first month of life was reduced. For the third year there was a slight reduction in the death rate from cancer, and the cancer mortality remained below the rate for England and Wales. For the first time the death rate from tuberculosis in the county fell below 0.10 per 1,000 population, and the number of notifications of the disease was the smallest since the end of the war.

Considerable progress was made with slum clearance during the year and nearly 1,000 dwellings were closed or demolished. The number of new houses built was nearly as many as the year before, and the number of improvement grants which serve to keep houses in use and bring them up to present day standards was the largest yet recorded. The value of these improved housing conditions is indeed very great as we must all be aware of the benefits of good housing to the physical and mental health of families.

The number of mothers who have their babies in hospital or nursing home continues to increase, and it reached the proportion of 72% of the total confinements in the county. This continuing process will call for a re-assessment at some stage in the future of the Council's responsibility for providing a domiciliary midwifery service. In the meantime, the closest co-ordination of the work of the family doctors, the midwives, the hospitals and the local health authority clinics is needed, and the report gives a review of the position in the county. The close association of the family doctors with a large proportion of the ante-natal clinics in the county is no doubt an important factor in the increased use which was made of them. Another factor is the provision of first-class premises, and the opening of the new clinic at Broomhill helped in this direction.

The work of the mental health section of the department has grown steadily and was expanded in 1957 by the opening of a part-time occupation centre in Prudhoe and the appointment of a home teacher to visit children in the west of the county in their homes. A further extension in the north is needed in the near future and, if the recommendations of the Royal Commission on Mental Health are to be implemented, we must look forward to a very great increase in our mental health work generally.

I am glad to have the opportunity of saying how much I appreciate the help I have received from Mr. Woodcock and the clerical staff of the department as well as from the professional staff. I am greatly indebted to the Area Executive Medical Officers for their help and their skilled administration of the work in their areas. My special thanks are due to Dr. Minns who has prepared much of this report, and to Dr. Edwards, Miss Graham and Mr. Robinson. We are all grateful to you, Sir, and the members of the Health Committee for your support throughout the year.

I have the honour to be,

Your obedient servant,

A handwritten signature in dark ink, appearing to read 'Hugh B. Pileary', with a long horizontal flourish extending to the right.

County Medical Officer of Health.



NORTHUMBERLAND COUNTY COUNCIL.

Report of the County Medical Officer of Health for the year 1957.

			Urban Districts.	Rural Districts.	Total.
Area (acres)	...	...	79,573	1,196,632	1,276,205
Population	...	...	359,800	104,100	463,900
Rateable Value	...	£3,319,248	£977,096	£4,296,344	

VITAL STATISTICS.

BIRTH RATE.

There were 7,740 live births in the county during the year—143 more than in the previous year—and the crude birth rate rose to 16.68 per 1,000 population. When adjusted by the appropriate comparability factor, the birth rate for the county was 16.51 which was higher than the provisional figure of 16.1 per 1,000 population for England and Wales. The natural increase in population of the county was 2,400, the total increase estimated by the Registrar General being 4,100.

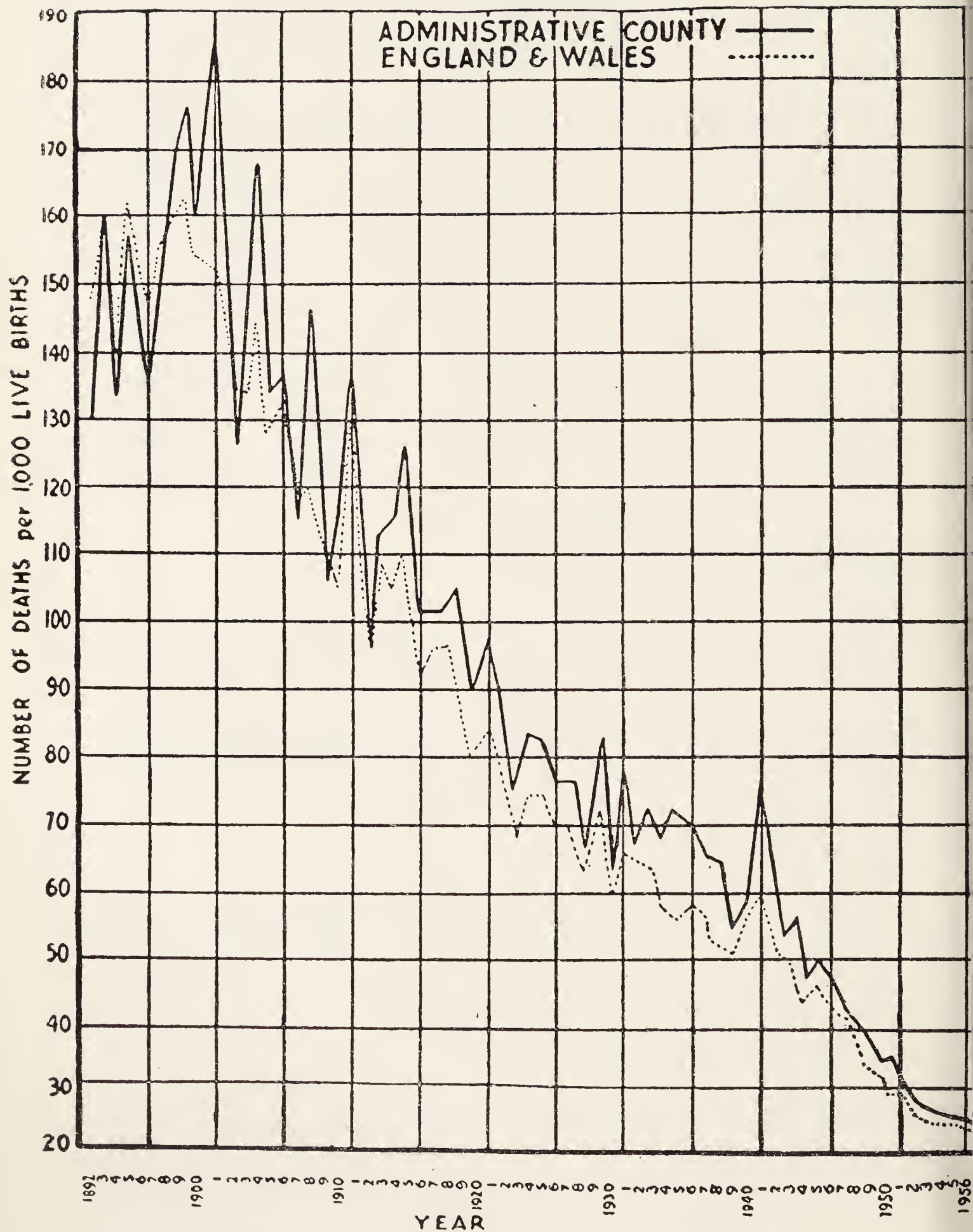
INFANT MORTALITY RATE.

The decline in infant mortality continued and the rate of 23.51 per 1,000 live births was a new low record for the county; this figure was within 0.51 of the provisional figure for the whole country which was itself the lowest yet recorded. The fall in infant mortality is shown in the accompanying graph.

GENERAL DEATH RATE.

The crude death rate was 11.49 per 1,000 population which was 0.38 lower than the previous year. After the application of the comparability factor, the death rate for the county was 12.52. This was 0.41 less than the 1956 figure and though higher than the national rate was nearer to it than hitherto.

COUNTY OF NORTHUMBERLAND
 INFANT MORTALITY RATES—1892-1957



PRINCIPAL CAUSES OF MORTALITY.

As has been the case for several years now, more than half of the deaths were due to diseases of the heart and blood vessels including vascular lesions of the nervous system. These are degenerative conditions associated with advancing age, and the figures can be expected to remain high though this year there were fewer deaths in several of the conditions making up this group of diseases.

The death rate from cancer declined for the third successive year and was again lower than the rate for England and Wales. The rate was fractionally higher at 1.95 per 1,000 population in the boroughs and urban districts than the rate of 1.85 recorded in the rural districts.

Lung cancer increased after the fall in 1956 but the death rate remained below the figure of 0.35 per 1,000 for 1955 which was the highest recorded in the county. A comparison between the concentrated mainly urban population of the south-east of the county and the rural areas shows that while the death rate from lung cancer in the rural areas was 0.30 per 1,000 the appreciably higher rate of 0.36 was reached in the south-east of the county.

Deaths.	1957.			1956.		
	Males.	Females.	Total.	Males.	Females.	Total.
Malignant Neoplasm :—						
Stomach	107	65	172	85	80	165
Lung, Bronchus	138	20	158	129	19	148
Breast	—	82	82	—	76	76
Uterus	—	33	33	—	48	48
Other Malignant and Lymphatic Neoplasms	238	183	421	253	184	437
	483	383	866	467	407	874
Leukaemia, Aleukaemia	17	11	28	11	8	19
POPULATION	463,900			459,800		

Rates per 1,000 population :—

Excluding Leukaemia, Aleukaemia	1.87	1.90
Including „ „	1.93	1.94

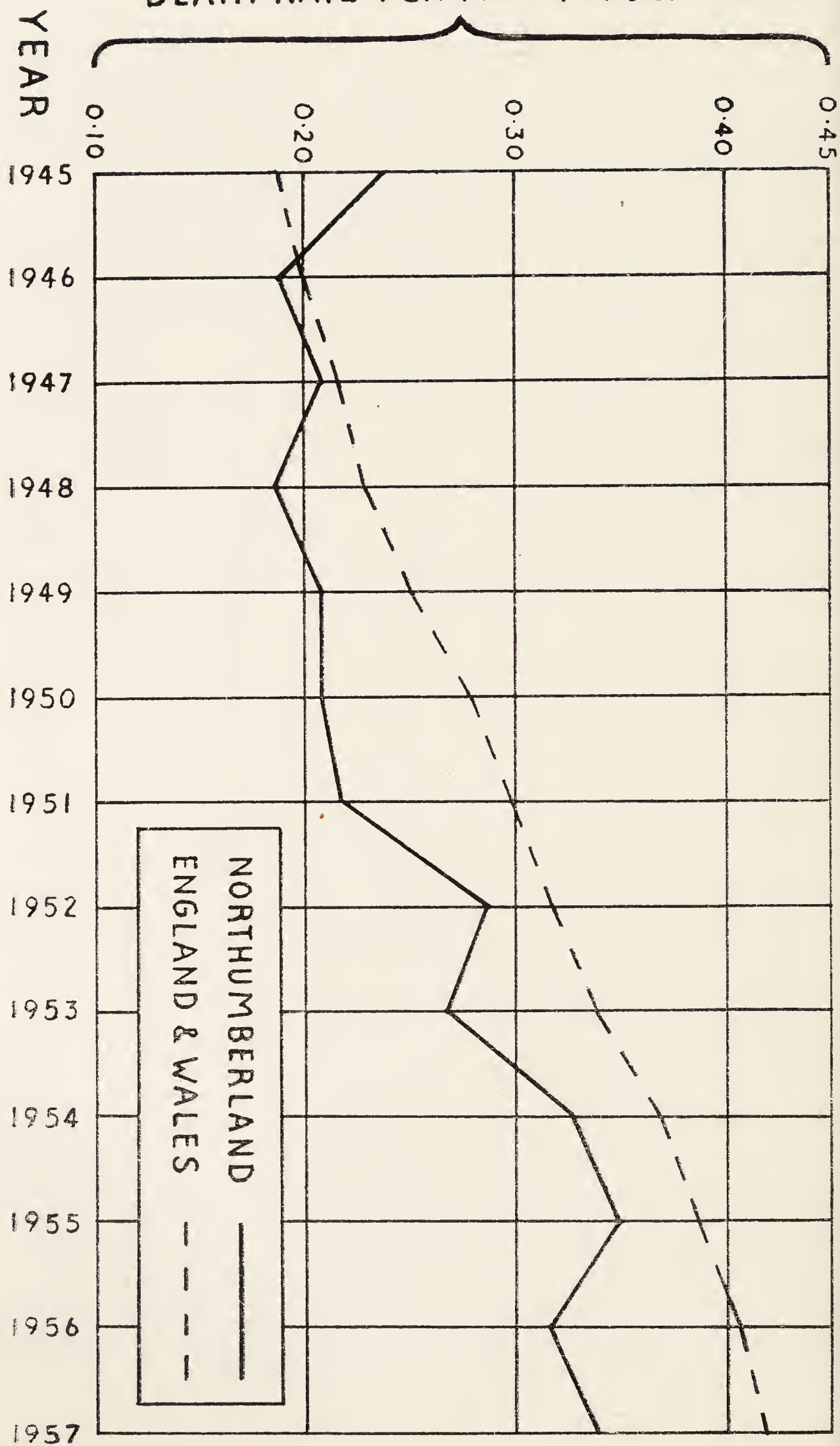
RATES for England and Wales :—

Lung and Bronchus	0.426	0.407
Other Cancer	1.668	1.668

It remains a matter of grave concern that more than 200 lives were lost in Northumberland during the year due to accidents. Though there was one less death on the road than in 1956, the number of other accidental deaths rose from 145 to 154. There may be some evidence that road safety training is beginning to affect the mortality from road accidents in children; we need to intensify our efforts at training and protection both with infants and old people to prevent accidental death in the home and elsewhere.

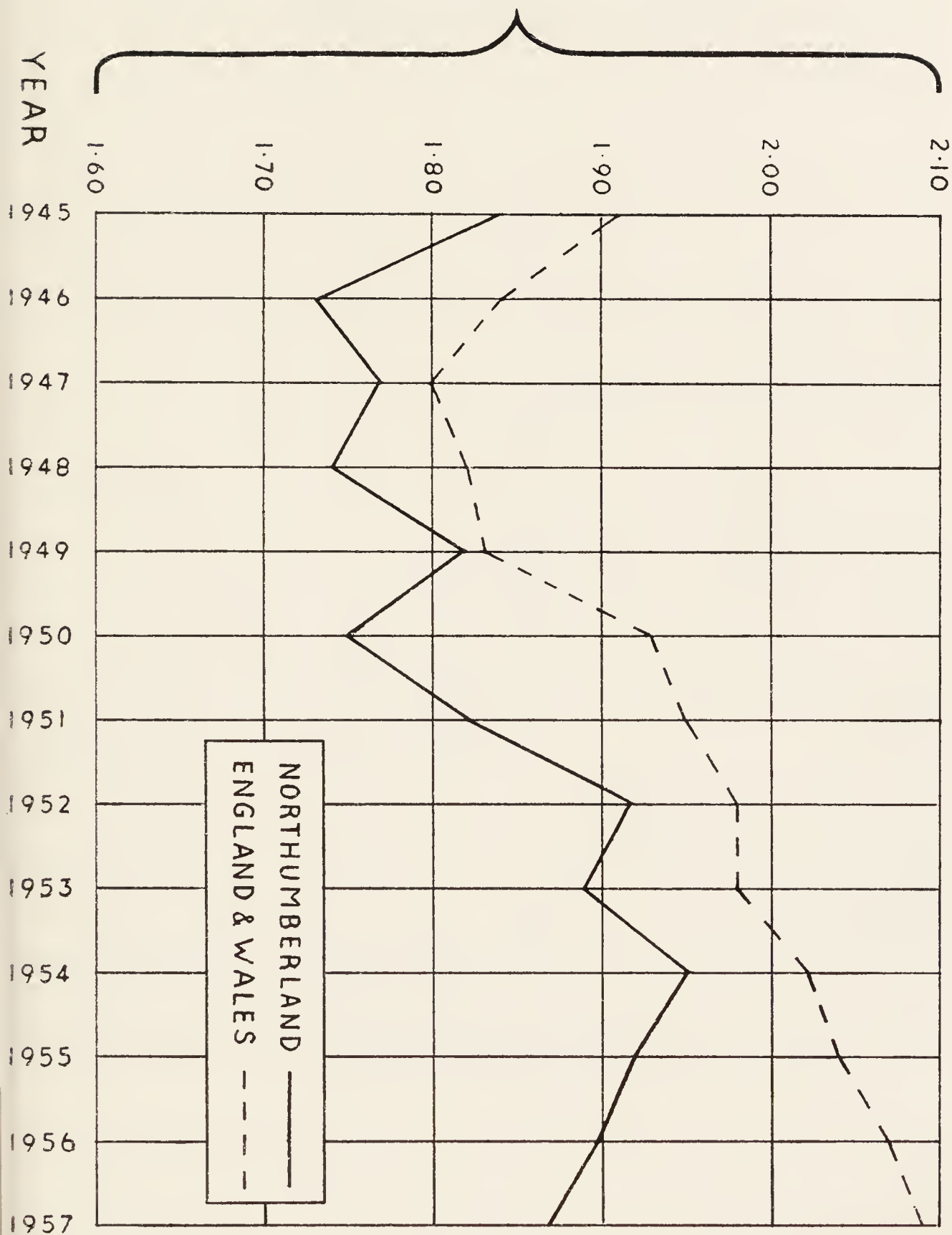
CANCER DEATH RATES

DEATH RATE PER 1000 POPULATION



CANCER—LUNG AND BRONCHUS

RATE PER 1000 POPULATION



The following table shows the principal causes of death and the table giving the causes of all deaths is found on page 100.

The total number of deaths from all causes was 5,331. The chief causes are shown in the following table:

	1957.		1956.	
	Number of Deaths.	Per- centage of Total Deaths.	Number of Deaths.	Per- centage of Total Deaths.
Heart Disease :—				
Coronary Disease, Angina...	858		876	
Hypertension with Heart Disease	98		94	
Other... ..	951		944	
	— 1,907	35·77	— 1,914	35·06
Malignant Neoplasm :—				
Stomach	172		165	
Lung, Bronchus	158		148	
Breast	82		76	
Uterus	33		48	
Other... ..	421		437	
	— 866	16·25	— 874	16·01
Vascular Lesions of Nervous System	862	16·17	902	16·52
Bronchitis	240	4·50	259	4·74
Pneumonia	166	3·11	165	3·02
Motor Vehicle and other accidents	208	3·90	200	3·66
Other Diseases of Circulatory System	192	3·60	236	4·32
Tuberculosis :—				
Respiratory	26		50	
Other	7		5	
	— 33	0·62	— 55	1·01
Nephritis and Nephrosis ...	49	0·92	44	0·81
	4,523	84·84	4,649	85·16

INFECTIOUS DISEASES.

Measles flared up to one of the highest totals ever known and of 8,823 cases over 1,000 occurred in Longbenton and large numbers were also found in Blyth, Bedlington and Gosforth.

In Gosforth also was the first case of diphtheria for five years. The disease was found in an adult and was, fortunately, not serious.

Other diseases occurred in largely the same numbers as last year and figures showing the cases in each district are given in Table 6.

FOOD POISONING.

There were only 43 cases of food poisoning notified, compared with 129 in 1956. An episode in a Grammar School due to Cl. Welchii was reported in May following a school lunch containing among other things liver. 14 girls were affected who had mild symptoms. The cases were never notified and no infected food was found although it was believed that part of the liver was infected.

In September 5 guests at a wedding reception suffered from vomiting and diarrhoea. Specimens of ham, tongue, sausage rolls, peas pudding and trifle were investigated, as were all the food handlers concerned. Staphylococci were identified from a number of people and it was finally decided that a member of the family with a sore hand had infected the ham during its preparation.

Apart from these two small epidemics the rest of the cases occurred sporadically all over the county.

POLIOMYELITIS.

11 paralytic and 1 non-paralytic case of Poliomyelitis compared favourably with 24 cases last year. None of the patients had been vaccinated against the disease. 9 of the cases occurred in males and 8 of the 12 were below the age of 15. The table shows the number of cases notified by Boroughs, Urban Districts and Rural Districts, in each quarter of the year:—

			First Quarter.		Second Quarter.		Third Quarter.		Fourth Quarter.		Total.
			P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	
Boroughs	...	...	—	—	—	—	3	—	1	—	4
Urban Districts	...	...	1	—	—	—	3	1	1	—	6
Rural Districts	...	...	—	—	—	—	2	—	—	—	2
Total	...	...	1	—	—	—	8	1	2	—	12

A full report of the progress of the vaccination scheme, started in 1956, will be found on page 61.

ROAD SAFETY.

I am indebted to the Chief Constable for a copy of his Annual Report on Road Accidents from which the following figures are taken.

The number of road accidents was 3,760, an increase of 77 over last year and as a result 2,169 persons were injured compared with 2,001 last year.

56 people were killed and of these 25 were pedestrians, 14 were passengers in cars, 7 were pedal cyclists, 5 were motor cyclists and the rest drivers of vehicles. The number of children killed and injured on the roads is still far too high when comparison is made with childhood infectious diseases. 6 pre-school children and 8 school children were killed as pedestrians or pedal cyclists and 353 children were injured.

Road Safety Committees throughout the County continue to give help and advice to children and much is being done by the Police to help cyclists. The education of children continues at child welfare centres, but it seems obvious that much more can still be done in the schools.

TUBERCULOSIS.

The remarkable fall in mortality from tuberculosis in Northumberland continued in 1957, and there were only 33 deaths from the disease. While it may be held that none of these need have occurred as all tuberculosis is preventable, it is a matter of some satisfaction that this figure was 40% lower than in the previous year and was only one-third of the figure for 1952 and one-tenth of what it was twenty years ago. There were only 10 deaths from tuberculosis between the ages of 15 and 45, which represents a very considerable and significant change in the situation during the last two or three years. The death rate for the county was 0.07 per 1,000 population which compares favourably with the rate for the country as a whole.

There were 425 notifications of the disease which was 42 less than the previous year. The decline was entirely in cases of pulmonary disease, and almost all of this reduction was again in the 15-45 year age group. Of the total notifications only 314 were new cases arising in the county. The remainder were patients transferred into the county who had developed the disease elsewhere; 66 of these cases were transfers from Newcastle.

Reference was made last year to the work of the Regional Hospital Board's chest physicians and mass radiography service. This was continued at the same high level of efficiency. The improvements in treatment are such that the long waiting lists for admission to sanatorium are gone for ever, and the prospect of transferring hospital accommodation from the treatment of tuberculosis to the geriatric services is clearly in sight.

B.C.G. VACCINATION.

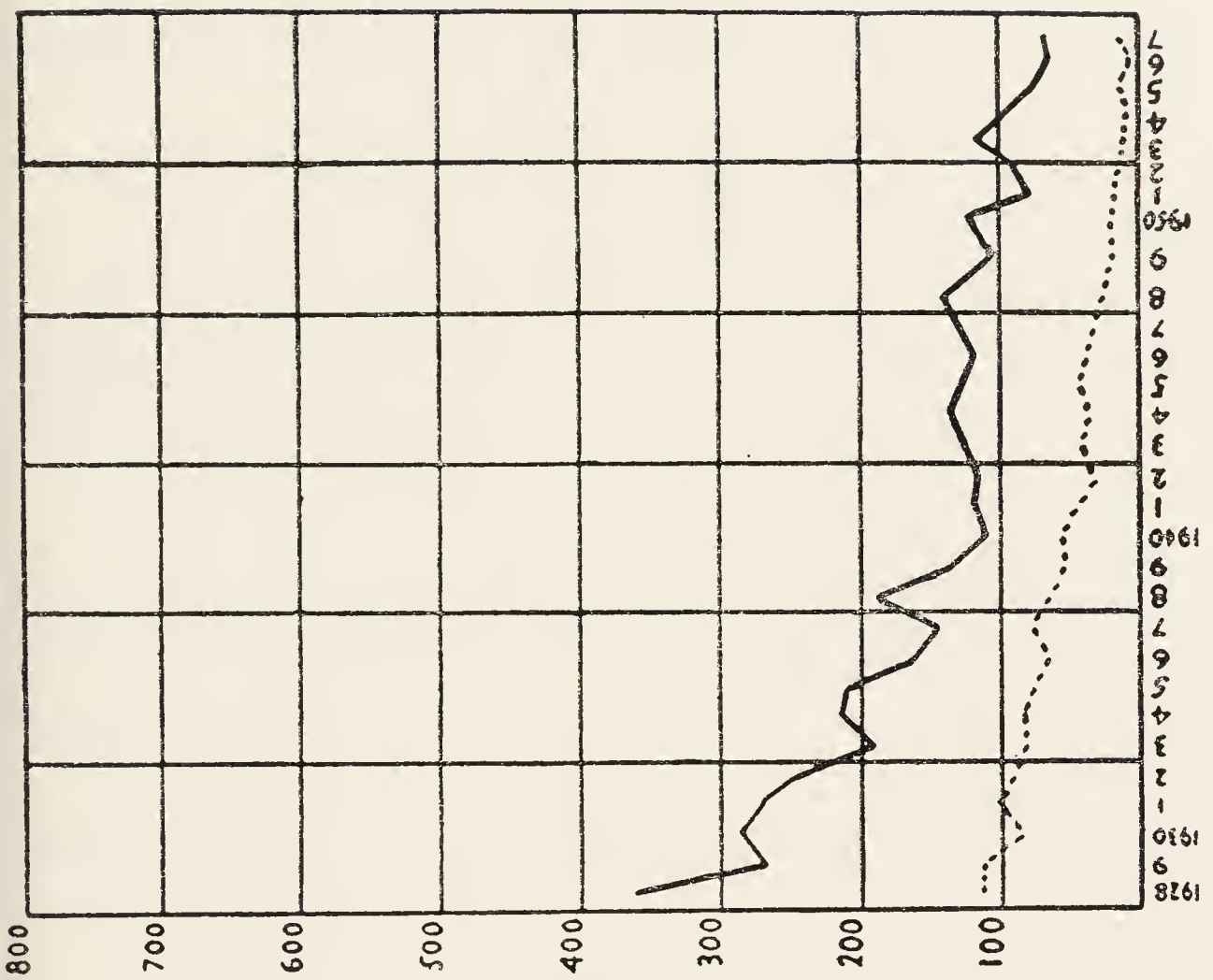
At this stage in the struggle against tuberculosis the prevention of the disease by early case finding and by vaccination assumes greater and greater importance. I have previously referred to the tuberculin testing of all school children at the age of five and to the testing of pre-school children. This practice was continued and steps taken to examine positive reactors and to attempt to trace sources of infection.

The scheme for B.C.G. vaccination of school children aged 13 has been in operation now for 3 years. The total of 2,850 vaccinated during the year was the largest total yet achieved, and the number of contacts protected was also higher than in any other year. Altogether 11,000 children have been given this protection since the practice of vaccination was first introduced in 1949.

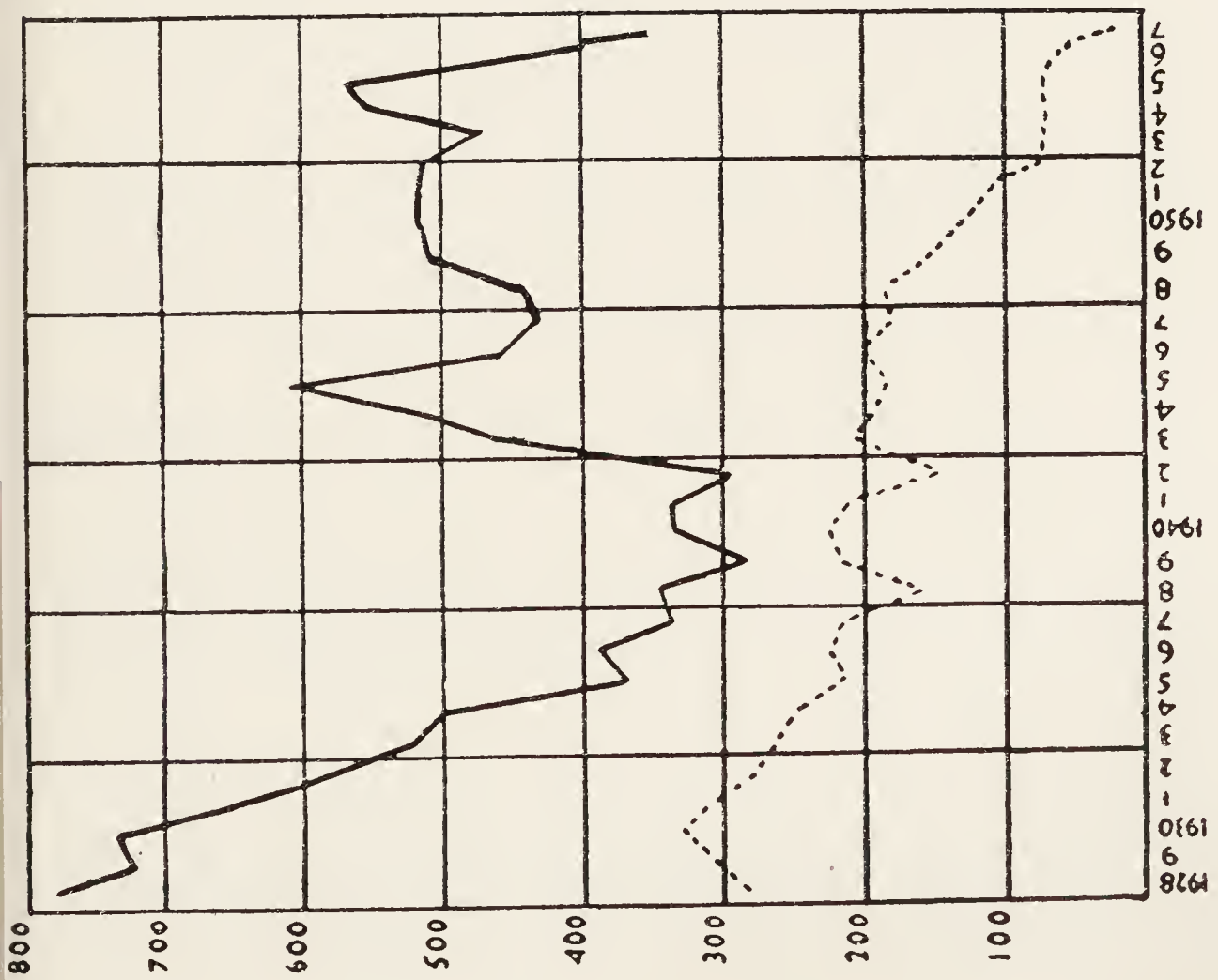
TUBERCULOSIS—ALL FORMS
TREND OF DEATH RATE—YEARS 1900 TO 1957



TUBERCULOSIS



DEATHS



NOTIFICATIONS

BCG VACCINATION	1st Oct., 1949 to 31st Dec., 1951	1952	1953	1954	1955	1956	1957	Total.
Contact Scheme ...	219	578	446	435	529	549	693	3,449
School Children Scheme ...	—	—	—	—	2,206	2,575	2,850	7,631
	219	578	446	435	2,735	3,124	3,543	11,080

Chest Clinic Service.

The work has continued on similar lines to last year. The chest physicians arrange sessions according to the need and during the year the county population attended as follows:—

Chest Clinic at Alnwick	—Alnwick, Amble, Belford, Rothbury and Glendale.
Ashington	—Ashington, Morpeth and Newbiggin.
Berwick	—Berwick, Glendale and Norham and Islandshires.
Blyth	—Bedlington, Blyth and Seaton Valley.
Hexham .	—Hexham, Prudhoe, Haltwhistle and Bellingham.
Newcastle East	—Gosforth, Longbenton and Castle Ward.
„ West	—Newburn.
Tynemouth	—Whitley Bay and Seaton Valley.
Wallsend	—Wallsend Borough.

The rapid fall in tuberculosis notifications since 1955 from 643 to 425 has resulted in much smaller clinics everywhere and greater emphasis has been laid on the need for examining as many contacts as possible and for vaccinating those children who gave negative skin reaction to the Tuberculin test.

Much work has also been possible with the mass radiography units, and over the county 1,017 contacts were x-rayed with this mobile apparatus.

The 425 new cases of tuberculosis were responsible for the investigation of 2,018 new contacts and this figure represents an average of 4.7 contacts per case, a very high figure and showing much care in the follow-up of cases at the clinics.

This interest by the public to make sure that they are healthy showed itself in the number of patients infectious or potentially infectious who were not in hospital. At the end of the year there was only one patient in the West of the County attending Hexham clinic who was infectious and in other areas similar encouraging results were shown.

Child contacts of cases are always given the opportunity of a tuberculin skin test and during the year 733 were found to give negative reactions and of these 693 were vaccinated with B.C.G. vaccine.

Mass Miniature Radiography.

Dr. J. R. Beal, the Director of No. 2 unit in the County reports that more people were x-rayed than ever before, but following the policy of curtailing examination of certain ages due to radiation hazards, he considers that the numbers x-rayed will now fall and a most valuable asset in the search for symptomless tuberculosis and early malignant disease of the lung, will be lost.

As usual the unit spent a fair amount of the year in the county districts and visited Wallsend, Whitley Bay, Ashington, Bedlington, Blyth, Morpeth, Seaton Delaval, Cramlington, Alnwick, Amble, Berwick and Prudhoe. In addition patients in hospitals and approved schools were examined and a detailed summary of the findings at x-ray can be found on page 105.

In 1956, 26,000 films were examined and 23 new cases of active pulmonary tuberculosis were diagnosed. This year nearly 32,000 films were taken and 26 new cases were found, equivalent once more to a rate of 0.08 per cent.

Prevention of Illness, Care and After-Care.

The enumeration of the help given as nursing requisites or as extra nourishment would be too long to be of any value in this report. Suffice it to say that in all parts of the county there has been a tremendous turn-over of stores, and especially during the summer months, we have been hard pressed to meet all demands for loan of wheel chairs.

The voluntary funds of the After-Care Sub-Committees have again been very well used to help ill people not qualified to benefit from the county scheme of after-care or from the National Assistance Board.

Convalescent holidays were approved for 87 patients by sub-committees during the year and in Table 14 will be found the brief details of the homes used. The benefit obtained, especially by the mothers and their children who have been ill, cannot be shown on paper and we must be content to say that letters of thanks and health visitors' follow-up reports usually give an appreciative story of a holiday well spent.

The decline in notifications and deaths from tuberculosis is mentioned elsewhere and this excellent improvement enabled the almoners to see fewer new patients than ever before, although the total number of patients seen at the chest clinics was slightly more than during last year.

OCCUPATIONAL THERAPY.

Two Occupational Therapists instructed tuberculous and physically handicapped patients until June when Mrs. J. Anglesea left the area. Mrs. E. Urwin carried on single-handed until September when a second Occupational Therapist, Miss S. P. Haigh, commenced duties with the authority. The demand for occupational therapy grew and in November a third occupational therapist, Mrs. I. H. Havery, was appointed on a part-time basis.

During August a successful exhibition was held at a local agricultural show and this has now become an annual event. The patients look forward to the exhibition as they obtain a great number of orders for their handicrafts.

Basketry has been the most popular handicraft this year as it has such a wide scope and a variety of articles can be made.

The Occupational Therapy Class at Blyth dealing specifically with tuberculous patients has continued, the main craft being basketry. The patients enjoy the social contact as well as learning handicrafts.

During the year a second class commenced in Wallsend catering for physically handicapped patients and the main craft is embroidery.

1,728 visits were made to 182 patients during the year under review.

PREVENTION OF VENEREAL DISEASE.

Contact Tracing.

The total number of female contacts sought within the area was 16. It was possible to identify 11 of these, all of whom subsequently attended the clinic where the following diagnoses were made:—

Gonorrhoea	...	...	10
Pending	...	...	1
Syphilis	...	...	Nil

Visiting.

As well as visits to contacts the health visitors paid 337 visits to other patients, mainly defaulters from treatment. Thirty patients were escorted to the clinic in an effort to promote regular attendance.

Ante-Natal Serological Tests.

There were 3,835 serological specimens submitted from the department's clinics for examination during the year. Thirty-one cases of maternal syphilis underwent treatment at the clinic prior to delivery and, of the babies subsequently tested, 23 were found to be healthy; two mothers refused to have the baby tested and 7 had not been tested by the end of the year (including one pair of twins).

HEALTH EDUCATION.

The sound projector which is operated from this department was used extensively throughout the county, in particular in the rural parts where the films are more appreciated than they are in the towns; in addition to the sound film unit, small film strip projectors were used by the health visitors to assist them in illustrating their talks.

During the year under review a new film entitled "My First Baby" was bought by the department and has been widely used in conjunction with ante-natal classes. It is interesting to record that this film has been shown to prospective fathers (accompanied by their wives) on a number of occasions and the impression gained was that the husband appreciated the opportunity of learning about the birth of a baby. The demand for propaganda and film shows is still increasing and this has been met quite successfully.

The Health Committee decided to take part in the campaign designed to bring to the notice of the public the risks of lung cancer associated with tobacco smoking. Use was made of posters designed by the Central Council for Health Education and locally contrived publicity also played its part. A beginning was made by the Area Medical Officers with an approach to children in schools by talks, and efforts were made to utilise the youth clubs as a means of approaching adolescents, for it is clearly in these groups who may be influenced before they have started to smoke that the greatest opportunity lies.

MATERNITY AND CHILD WELFARE SERVICES.

(DR. J. M. EDWARDS)

Notification and Registration of Births.

The upward trend in the birth rate in the county of Northumberland, which was noted in 1956, was maintained in 1957. A total of 7,941 births was registered, compared with 7,754 in 1956. Of this total, 7,740 babies were born alive, giving a rate of 16.68 per 1,000 of the population, compared with a rate of 16.51 in 1956. The comparable rate for England and Wales in 1957 was 16.1 per 1,000 of the population.

The total of notified births numbered 7,873, of which 2,203 took place at home and 5,670 in institutions. The proportion of notified births which took place in hospitals or nursing homes was 72%. The upward trend in the number of institutional confinements which has been demonstrated over the last ten years was, therefore, maintained as the comparable proportion in 1956 was 70%.

Still-Births.

The fall in the still-birth rate which took place in 1956, was unfortunately not continued in 1957. In the latter year, there was a total of 201 still-births in Northumberland and the still-birth rate was 25.31 per thousand total births, compared with a rate of 22.4 for the whole of the country. The comparable rate in Northumberland in 1956 was 20.76, which was the lowest that had been recorded since 1948. The rate in 1957 was the highest recorded in that period. The rate for the country as a whole fell by 0.6 per thousand total births during the year.

It would appear from a study of the notifications received from midwives that the still-birth rate for 1957 had risen in births which took place at home. In 1956, in a total of 2,306 notified domiciliary live births there were 21 still-births, giving a still-birth rate of 9 per 1,000 total births. In 1957, however, notified domiciliary live births numbered 2,203, and there were 35 still-births; the still-birth rate, therefore, being 15.0 per 1,000 total births—an increase of 6 per 1,000 over the previous year.

The close association which exists between the incidence of still-births and that of prematurity will again be noted in the section which deals with the latter condition.

Neo-natal Mortality Rate.

In view of the increase in the still-birth rate, it is fortunate that, in conjunction with the rise in the live birth rate, there was a fall in the neo-natal mortality rate. In 1957, of the total of 7,740 babies born alive, 131 died before the end of the first month, and the neo-natal mortality rate was 16.93 per 1,000 live births, which was the lowest it had ever been for the whole of the county. The rate in 1956 was 19.62. The rate in the country as a whole was 16.5 per 1,000 live births, compared with a rate of 16.9 in 1956. The decrease of 2.69 per 1,000 live births in the rate, offset to some extent, the increase of 4.55 per 1,000 total births in the still-birth rate.

In the total of 131 neo-natal deaths prematurity was given as the first and only cause in 42 cases and it was an associated condition in another 36 cases—in all 78 or 60% of the total. The proportions of deaths due to congenital heart disease, malformations, atelectasis and respiratory conditions were increased. There was a fall in the number of deaths in which prematurity was given as the sole cause, although the total number of deaths associated with this condition was relatively greater.

The following table sets out the causes of these deaths and their distribution in urban and rural areas:—

Cause of Death.					Total Deaths.	Urban.	Rural.
					131	105	26
Prematurity	...	...	...	...	42	32	10
Malformation	...	...	...	...	19	15	4
Atelectasis	...	...	...	...	14	11	3
Respiratory conditions	...	...	...	...	11	11	—
Intracranial haemorrhage	...	...	...	...	9	8	1
Congenital heart disease	...	...	...	...	7	6	1
Asphyxia	...	...	...	...	6	5	1
Inanition	...	...	...	...	3	2	1
Pulmonary haemorrhage	...	...	...	...	2	2	—
Meningitis	...	...	...	...	2	1	1
Peritonitis	...	...	...	...	2	2	—
Gastro-enteritis	...	...	...	...	2	2	—
Anoxia	...	...	...	...	1	1	—
Haemolytic disease of the newborn	...	...	...	...	1	—	1
Hyaline membrane disease...	...	...	...	...	1	—	1
Surgical shock following operation for oesophageal atresia	...	...	...	...	1	1	—
Intestinal obstruction	...	...	...	...	1	1	—
Congenital hydro-nephrosis of kidney	...	...	...	...	1	1	—
Renal failure	...	...	...	...	1	1	—
Hirschsprung's disease	...	...	...	...	1	1	—
Dehydration following septicaemia	...	...	...	...	1	1	—
Debility from birth...	...	...	...	...	1	1	—
Intestinal rupture	...	...	...	...	1	—	1
Convulsions with hypoglycaemia	...	...	...	...	1	—	1

Premature Births.

There was a total of 636 babies born prematurely in the county in 1957, and of these 522 or 82% were born in hospital and 114 or 18% at home. The number of still-births amongst babies born prematurely in hospital was 83, equivalent to a rate of 154 per thousand total births, and amongst premature babies born at home the still-births numbered 15, corresponding to a rate of 133 per thousand total births. These figures demonstrate very markedly the high incidence of still-births amongst premature births, when it is remembered that the still-birth rate amongst all births in 1957 was 25.31 per thousand total births.

The neo-natal mortality rate in babies born prematurely also remains high. There were 439 premature babies born alive in hospital or nursing home in 1957, and of these, together with 8 born at home and nursed in hospital, 68 did not survive the first month of life. The neo-natal mortality rate amongst these babies was, therefore, the equivalent of 152 per thousand live births. Amongst

premature babies born alive at home and nursed there, the number of neo-natal deaths was 10 in 91 births, giving a rate of 109 per thousand live births, compared with a rate of 16.93 for all births.

Premature still-births comprised 49% of all still-births in the county in 1957, and of all the neo-natal deaths, 60% were due to or associated with prematurity.

In the maternity and child welfare services, constant endeavours are made to improve the standard of that part of ante-natal care which the County Council is empowered to provide. By this means it is hoped to lower the incidence of prematurity, although, at present, the causes of many premature births remain obscure. In a considerable number of cases, prematurity is associated with malformations which are incompatible with life. Measures designed to improve the standard of care of viable premature babies include the provision of special nursing equipment. Some of the county midwives have had specialised training in the care of premature babies and all are encouraged to take post-graduate training in such care. It has, however, not been found practicable to provide a separate premature nursing service.

Perinatal Mortality.

Unfortunately, although the neo-natal mortality rate for the whole of the county was easily the lowest it has been since the inception of the National Health Service, the sharp rise in the still-birth rate resulted in an increase in the combined neo-natal and still-birth or perinatal mortality rate.

Year.	Still-birth Rate.	Neo-natal Mortality Rate.	Combined Still-birth and Neo-natal Mortality Rate.	Infant Mortality Rate.
1949	24.58	18.6	43.18	36.0
1950	23.09	21.2	44.29	36.60
1951	23.85	18.2	42.05	32.49
1952	25.04	18.7	43.74	29.37
1953	23.76	17.2	40.96	28.46
1954	23.83	19.0	42.83	27.03
1955	23.23	19.0	42.23	26.75
1956	20.76	19.62	40.38	25.80
1957	25.31	16.93	42.24	23.51

In 1956, the county combined rate came very near to that for the country as a whole, but the rise in the still-birth rate in 1957 placed it well above the national rate, in which there was again a fall. This is particularly to be regretted in view of the fact that, in addition to the fall in the neo-natal mortality rate, there was also a fall in the infant mortality rate.

Year				Combined Rates.	
				England and Wales.	Northumberland.
1951	...	...	...	41.84	42.05
1952	...	...	...	41.0	43.74
1953	...	...	...	40.06	40.96
1954	...	...	...	41.2	42.83
1955	...	...	...	40.4	42.23
1956	...	...	...	39.9	40.38
1957	...	...	...	38.9	42.24

It has been noted that there was a rise in the still-birth rate in domiciliary births in 1957. During that year a perinatal mortality enquiry card was designed, mainly to discover in still-births and neo-natal deaths which take place at home, whether the care for which the County Council's medical and nursing staff are responsible, has been adequately carried out. The enquiry does not extend to hospital births, except for any part of the ante-natal care which has been carried out at the authority's ante-natal clinics.

It was reported in the annual report for 1956 that a series of meetings had been convened between the three branches of the maternity services in the area served by the Newcastle Hospital Board to discuss the memorandum on ante-natal care related to toxæmia prepared by the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council. At the request of the Minister of Health, a statement on the developments which have taken place in the county following these meetings, is included in this report.

At the end of the year, the National Birthday Trust Fund announced that it had prepared a scheme for a national enquiry into all still-births and neo-natal deaths occurring in Britain in the months of March, April and May, 1958, together with a number of normal births as controls. Preliminary meetings were held in 1957 at which members of the staff of the department were present.

It may be that, as a result of all these activities, some means of combating the persistently high perinatal mortality rate in the country as a whole, will be discovered.

Infant Deaths.

In 1957, in conjunction with the increase in the number of live births, there was a fall in the number of infant deaths, i.e., deaths of babies under the age of one year. In a total of 7,740 live births, there were 182 deaths and the infant mortality rate was, therefore, 23.51 per thousand live births. The comparable rate in 1956 was 25.80, giving a fall of 2.29 in the year under review. The rate for the country as a whole in 1957 was 23.0 compared with 23.8 in 1956. An unusual feature in 1957 in Northumberland was that, although the rate had fallen both in the 0—1 month and 1—12 month age

groups, the fall was slightly greater in the former than in the latter. The following table sets out the causes of death, according to the Registrar General's classification in boroughs, urban districts and rural districts:—

	Boroughs and Urban Districts.			Rural Districts.			Total.
	M.	F.	T.	M.	F.	T.	
Congenital Malformations ...	20	13	33	6	4	10	43
Measles	1	—	1	—	—	—	1
Pneumonia	9	7	16	3	—	3	19
Vascular Lesions of Nervous System	2	—	2	—	—	—	2
Bronchitis... ..	2	2	4	—	—	—	4
Leukaemia, Aleukaemia... ..	—	1	1	—	—	—	1
Other Diseases of Respiratory System	1	1	2	—	—	—	2
Gastritis, Enteritis and Diarrhoea	4	3	7	—	—	—	7
Ulcer of Stomach and Duodenum	—	1	1	—	—	—	1
Other defined and ill-defined diseases	40	32	72	9	11	20	92
Other infective and parasitic Diseases	1	—	1	1	—	1	2
All other Accidents	4	3	7	—	1	1	8
TOTAL ...	84	63	147	19	16	35	182

The number of deaths due to congenital malformations rose from 38 in 1956, when there was a bigger total of deaths, to 43, approximately a quarter of all infant deaths, in 1957. Deaths due to conditions of the intestinal tract, also showed an increase. There was a substantial reduction in deaths due to "Other Defined and Ill-Defined Diseases" which includes prematurity. As noted in the section dealing with neo-natal deaths, deaths due solely to this cause fell in number. The increase in the number due to malformations is probably associated with prematurity.

Year.	Total Infant Deaths.	MAIN CAUSES OF INFANT DEATHS.		
		Congenital Malformations.	Respiratory Infections.	Other Defined and Ill-defined Diseases
1953	207	40	37	102
1954	196	42	25	106
1955	198	37	38	102
1956	196	38	23	121
1957	182	43	25	92

The perinatal mortality rate due to prematurity did not fall. As is usual in dealing with this condition, what we gain on the swings we lose on the roundabouts—the fall in the number of deaths due solely to this cause, was accompanied by an increase in the proportion of premature still-births.

The infant and neo-natal mortality rates in boroughs, urban and rural districts may be compared in the following table:—

COUNTY DISTRICTS.	Live Births.	INFANT DEATHS.		NEO-NATAL DEATHS.	
		Infant Deaths under 1 year.	Infant Mortality Rate per 1,000 live births.	Infant Deaths under 4 weeks of age.	Death Rate per 1,000 live births.
BOROUGHES.					
Berwick-upon-Tweed	275	7	25·45	4	14·55
Blyth	610	13	21·31	7	11·48
Morpeth	194	2	10·30	1	5·15
Wallsend	1,010	27	26·73	21	20·79
Whitley Bay	456	12	26·32	10	21·93
URBAN DISTRICTS.					
Alnwick	138	4	28·98	4	28·98
Amble	79	—	—	—	—
Ashington	449	15	33·41	9	20·04
Bedlingtonshire	493	10	20·28	7	14·20
Gosforth	357	4	11·20	3	8·40
Hexham	147	4	27·21	3	20·41
Longbenton	726	12	16·53	8	11·02
Newbiggin-by-the-Sea	181	8	44·20	5	27·62
Newburn	468	11	23·50	9	19·23
Prudhoe	148	8	50·05	6	40·54
Seaton Valley	384	10	26·04	8	20·83
RURAL DISTRICTS.					
Alnwick	191	2	10·47	1	5·24
Belford	66	3	45·45	3	45·45
Bellingham	109	—	—	—	—
Castle Ward	293	6	20·48	4	13·65
Glendale	97	2	20·62	2	20·62
Haltwhistle	105	3	28·57	3	28·57
Hexham	313	8	25·56	5	15·97
Morpeth	319	8	25·08	5	15·67
Norham and Islandshires	52	2	38·46	2	38·46
Rothbury	80	1	12·50	1	12·50
Totals	7,740	182	23·51	131	16·93

Illegitimate Births.

In 1957, there were 239 illegitimate births in a total of 7,941 live and still births and the proportion of illegitimate to legitimate births was 3.01%, practically the same as in the previous three years.

The mortality rates in the two classes over the past five years are shown in the following table:—

YEAR.	STILLBIRTH RATE.		INFANT MORTALITY RATE.		NEO-NATAL MORTALITY RATE.	
	Legitimate Births.	Illegitimate Births.	Legitimate Infants.	Illegitimate Infants.	Legitimate Infants.	Illegitimate Infants.
1954	23.59	31.82	26.86	32.86	18.90	23.47
1955	23.19	24.39	25.83	54.16	18.01	50.00
1956	20.65	24.09	25.30	41.15	19.05	37.03
1957	25.32	25.10	23.31	30.04	16.65	25.75

It will be noted that although the still-birth rate rose in illegitimate births, it was lower than that in legitimate births. The infant and neo-natal mortality rates in illegitimate babies fell during the year.

Maternal Mortality.

There were six maternal deaths in the county in 1957, compared with five in 1956. The maternal mortality rate was 0.76 per 1,000 total births, compared with a rate of 0.65 in 1956. The corresponding rates for the country as a whole were 0.56 in 1956 and 0.47 in 1957.

Four deaths took place in hospital and two at home.

REPORT ON ANTE-NATAL CARE RELATED TO TOXÆMIA.

In the annual report for 1956 reference was made to the meetings held to discuss the memorandum on ante-natal care related to toxæmia. The following notes describe the arrangements made in the county to implement the recommendations of the Committees convened at the Royal Victoria Infirmary, Newcastle upon Tyne and Preston Hospital, North Shields.

Recommendations which referred specifically to Local Health Authorities' Services.

The Committees considered that the arrangements which should be carried out by Local Health Authorities were as follows:—

1. Assessment of need in cases which should be admitted to hospital on social grounds.
2. Follow-up of patients booked for hospital under a consultant obstetrician who fail to attend at the hospital ante-natal clinic.
3. Routine ante-natal care at Local Authority ante-natal clinics of patients who are booked for hospital, and who would have to travel some distance to attend the hospital ante-natal clinic. Arrangements to refer such cases to hospital in the event of any abnormality arising.
4. The above arrangements also to be made for patients booked for admission to general practitioner hospital units, but living at some distance from the unit.
5. In the case of patients booked for home confinement under the maternity medical services, arrangements for interchange of information about the booking between the general practitioner and the district midwife. The district midwife should be responsible for the follow-up of patients who do not attend for ante-natal care.
6. Arrangements should be made, if possible, in the case of patients who book a district midwife *only*, for the patient's own doctor to be notified of the booking, and to be given an opportunity of examining the patient at intervals during the pregnancy.
7. The collection of specimens of blood for routine Blood Group, Rhesus Factor and Wassermann testing could with advantage be carried out at the Local Authority's ante-natal clinics. Estimations of hæmoglobin should be done at least twice during the ante-natal period.

8. Arrangements should be made for interchange of records between the various units of the maternity services. A standardised form of record card would be an advantage and it should be contained in a protective envelope.
9. In the matter of health education the health visitor could give instruction to patients booked for general practitioner maternity homes, and, if desired, private maternity homes. The patient booked for home confinement could also attend classes at the Local Authority's ante-natal clinics.
10. A summary of the functions of the Local Authority ante-natal clinics was contained in the recommendations. These were as follows:—
 - (a) General practitioners should attend at these clinics on a rota basis to see their own patients, in co-operation with the midwives concerned.
 - (b) The routine ante-natal care of patients living remote from the hospital at which they are booked should be undertaken.
 - (c) In areas remote from main hospitals, consultant clinics would be helpful.
 - (d) Collection of specimens for blood tests should be undertaken.
 - (e) Lectures on pregnancy, labour, diet, mothercraft, etc. should be given.
 - (f) Physiotherapy should be provided.
 - (g) Instruction in gas and air or trilene apparatus should be given.

The foregoing points were agreed by both of the Committees of the Region, but the following additional points were stressed by one of the Committees:—

- (i) There are difficulties in persuading women with family responsibilities to enter hospital for ante-natal treatment at an early stage. The solution to this problem lies partly in providing an adequate home help service.
- (ii) In the case of a patient booked for home confinement under the maternity medical services or by a midwife, the general practitioners, the midwife and the health visitor should meet during the ante-natal care of the patient, at whatever premises are most convenient for the patient.

B. *Action taken to implement the above recommendations.*

1. *Admission to hospital on social grounds.*

When an expectant mother applies for admission to hospital on social grounds a request for an assessment of the home conditions is made by the matron or almoner to the appropriate health visitor. A domiciliary circumstances form is completed by her and returned to the hospital. All the hospitals use this service and it has been in operation for over 5 years.

2. *Follow-up of patients who fail to attend at hospital ante-natal clinics.*

The almoner at the Princess Mary Maternity Hospital, Newcastle upon Tyne, requests the County Medical Officer to arrange for a health visitor's follow-up of patients who fail to keep appointments at the hospital ante-natal clinic, and who do not reply to letters on the subject. The service is available to all the other maternity hospitals, but up to the present it has not been utilised to any appreciable extent.

3 & 4. *Routine ante-natal care at Local Authority clinics of Hospital patients.*

This arrangement has been available in Northumberland for several years. It was instituted first on behalf of Princess Mary Maternity and Preston Hospitals (in 1951) and has since been extended to any hospital which wishes to make use of it.

Patients attend at the hospital for booking and at 32nd/34th week. Between these dates, and from 34th week until confinement, they may attend at the Local Authority ante-natal clinic, but are referred back to the hospital if any emergency arises. A form is available on which a report on the patient's condition may be sent to the hospital.

This service is not used as fully as it might be, although it is so convenient for patients living at a distance from the hospital. A great advantage of the arrangement is, that as general practitioners attend at the majority of the ante-natal clinics in the county, the patient is brought into contact with the three branches of the maternity service. It would appear that the great drawback to the success of the arrangement is that there is no effective system of follow-up. On booking at the hospital patients from a distance are given a date on which to return, and are advised that during the intervening period their routine ante-natal care may be undertaken either at their local ante-natal clinic or by the family doctor, whichever they prefer. Some of the hospital

staffs, however, appear to have no means of knowing whether or not their patients follow out this instruction. It therefore follows that it *can* and sometimes *does* happen, that a patient arrives at the hospital for delivery having had little or no ante-natal care. If an expectant mother booked for confinement in hospital or a maternity home is not to have all her ante-natal care there, some means of ensuring that she does have it elsewhere appears to be necessary. A notification of such cases to the Medical Officer of Health of the area in which she resides, with a request for a follow-up by a health visitor, would be an effective means of securing this.

5. *Patients booked for home confinement under maternity medical services.*

The great majority of the general practitioners who book patients for home confinement under the maternity medical services, advise them at the same time to book the local midwife. In some areas, especially in the country, liaison between the doctor and midwife is good, and they undertake the ante-natal care in co-operation with each other. There are a few who have very little contact with the midwife, and she may not be booked by the patient until very near the date of confinement.

6. *Patients who book a District Midwife only.*

In cases where the midwife only is booked, the latter advises the patient's doctor of the booking by means of a printed card which she completes and sends to him. She also uses every endeavour to persuade the patient to present herself to the doctor for examination and advice.

7. *Blood Tests during the ante-natal period.*

At all the County Council's ante-natal clinics, specimens of blood are taken at the first attendance for Blood Group, Rhesus factor and Wassermann testing. Any doctor may send his patient to a clinic for these specimens to be taken even although he does not wish her to receive the remainder of her ante-natal care there.

Specimens are also taken for routine hæmoglobin estimations—one at the first attendance and a second at the 32nd/34th week. Arrangements have been made with the Regional Hospital Board for these estimations to be done at their laboratories in order that a standardised procedure may be followed.

8. *Interchange of Records.*

A form giving a summary of all the ante-natal and post-natal care which a patient has received has been devised for the use of all mothers who have booked a midwife to attend them at home. This form is contained in a special envelope, which also contains the following: temperature chart, booking card, blood group record card, Analgesia Medical Certificate and specimen test tube (if Rh. negative). It is given to the mother by the midwife, is kept in her possession and so is available for the information of any other midwife or doctor who may be called to her aid in an emergency, or for the Resident Medical Officer should it be necessary to admit her to hospital.

9. *Health Education.*

A programme of talks to expectant mothers and demonstrations has been devised and is carried out by the Senior Health Visitor in attendance at each ante-natal clinic. This is her sole duty and she is released from other tasks at her clinic in order that she may carry the programme out. Some of these talks are given at classes held in the evenings and fathers may be invited to attend. The medical officers in attendance at the clinics are invited to take part in this programme, and many of the general practitioners do so. This is rendered fairly easy by the fact that at approximately 84% of the County Council's ante-natal clinics the local practitioners attend on a rota basis to see their own patients. At clinics where the general practitioners do not attend they have been requested to invite their patients to attend the talks, and some of them have co-operated.

Films, film strips and demonstration material are used to illustrate the talks.

10. *Summary of Functions of Local Authority Ante-natal Clinics. Practitioners attending on a rota basis.*

The notes following apply to those functions of the Local Authority ante-natal clinics which have not been already covered.

There are 37 ante-natal clinics in the county and at 31 of these the general practitioners in the area attend in rotation and deal with their own patients. In these areas liaison between general practitioners, health visitors and midwives is excellent. All the patient's records are available to each member of the team and there is no doubt that if the hospitals used the service available at such clinics fully, co-operation between the three branches of the midwifery service would be complete.

Consultant Clinics.

These have not so far been organised in Northumberland. About three-quarters of the population live in the south-east corner of the county and do not find it too difficult to travel to Newcastle for occasional consultant services. Dilston Hall and Hexham Hospital are available in the west and north-west. The only area remote from main hospitals is the north-east corner and it would probably be an advantage if a consultant clinic were available in Alnwick or Berwick.

Physiotherapy.

A full time physiotherapist is employed by the County Council and conducts ante-natal relaxation classes at the larger ante-natal clinics. One of the orthopædic nurses conducts a class at one other clinic.

Instruction is being given by the physiotherapist to health visitors and midwives who attend at the remainder of the ante-natal clinics, in order that they may give simple instructions in relaxation.

Instruction in gas and air or trilene apparatus.

This is carried out by the midwives at the ante-natal clinics and also in the homes of the patients.

*Additional Recommendations.**Home Help Service.*

There is an adequate domestic help service in Northumberland which is readily available to mothers who are required to undergo hospital ante-natal care. The scale of assessment for payment of fees is generous and a free service is available in necessitous cases. This does not meet the whole difficulty in persuading mothers to enter hospital during pregnancy.

Patients Booked for Home Confinement.

Local Authority ante-natal clinics at which general practitioners attend are the most convenient place for discussion on the ante-natal care of patients who are to be confined at home. Here doctors, midwives and health visitors meet, health education is carried out, the patients' records are available and the follow-up of defaulters can be arranged.

CHILD WELFARE CENTRES.

The work of the child welfare centres was satisfactorily maintained during 1957. The number of children who attended during the year was increased in each age group, as the following table demonstrates :—

Year of Attendance.	Number of children who attended during 1956 and 1957 who were born in :				
	1957	1956	1955	1952-55	1951-54
1956 ...	—	5,902	5,789	—	12,267
1957 ...	6,477	6,088	—	12,335	—

It will be noticed that 6,477 children who were born in 1957, attended during that year—a very good proportion, i.e., 84% of the total number of 7,740 children born alive. It is also very satisfying to be able to report that there was again an increase in the number of toddlers attending.

During the last five years the total number of children has increased each year, as is shown in this table :—

Year.	No. of Centres.	No. of half-day sessions held.	Total No. of children attending.	Total attendances.
1953	93	5,346	22,689	127,837
1954	95	5,478	22,789	122,431
1955	97	5,613	23,335	129,251
1956	96	5,712	23,958	133,614
1957	96	5,715	24,900	141,484

No new centres were opened during the year, but arrangements were made to operate a centre at Milfield, to commence early in 1958. Additional sessions were provided at Tweedmouth and Westhope, and adjustments were made in the sessions operated at Hartford, Riding Mill, Rothbury and Widdrington, by discontinuing the sessions at which a doctor was not in attendance. Medical sessions were discontinued at Morpeth Common, as the number of families residing in this area was rapidly diminishing.

The County Council were unable to proceed with their building programme during the year, but the centre at South Broomhill was completed and occupied early in the year. This centre was a very welcome addition to the number of county owned premises. It is built on a site adjacent to the ambulance station and serves

a new housing estate as well as a number of small mining villages. In view of the fact that the provision of a new centre at Shiremoor was not likely to proceed for some time, the existing centre was completely redecorated and refurnished.

An interesting departure from precedent in the provision of child welfare centre premises was authorised during the year at Seaton Burn, Cowpen and Burradon. These are mining areas in which well attended centres were operating in inadequate premises and in which no more suitable rented premises were available. At Seaton Burn a village institute and at Cowpen a small Methodist Chapel fell vacant. As the purchase price was small, it was decided to provide it out of revenue. It was also found possible to authorise the expenditure on simple adaptations from the same source. At Burradon, Longbenton Urban District Council offered the use of the recreation room used by the young people residing in their cottages, as a centre, provided the County Council would pay for the cost of adding a weighing room, which the District Council would also use as a kitchen and a doctor's room, of which the County Council would have the sole use. They also agreed that the County Council should operate their clinic at rent free.

During the year, the arrangements for the distribution of national dried milk and vitamin supplements, and the sale of proprietary brands of dried milk and nutritional supplements continued to operate satisfactorily. The table following gives the distribution figures of Government welfare foods over the last three years :—

Year	National Dried Milk.	Cod Liver Oil.	A. & D. Tablets.	Orange Juice.
	Tins.	Bottles.	Packets.	Bottles.
1955	276,873	63,694	22,222	322,684
1956	283,655	58,261	24,214	362,915
1957	221,378	49,584	22,600	396,778

Dr. Philip Maclagan, of Berwick, ceased his attendance at the child welfare centre there in 1957. Dr. Maclagan has been Medical Officer of Health for the Borough of Berwick since 1954 and began his attendances in that year. The centre was then administered by a voluntary committee and came under the control of the County Council at a later date. Dr. Maclagan was respected by the mothers who attended and a great favourite of all the children. It is with pleasure that I record this appreciation of his services over all these years.

Ante-natal Clinics.

It is pleasing to be able to record an increase in attendances at the ante-natal clinics during the year, after a slight fall in 1956.

Year.	No. of Expectant Mothers attending.	Total No. of attendances.
1953	6,041	22,125
1954	5,996	21,750
1955	5,699	21,311
1956	5,545	20,635
1957	6,075	22,747

It will be noticed that the numbers of mothers attending, and the total attendances, were the largest they have been since 1953. No new clinics were opened, but it would appear that approximately 76% of expectant mothers made attendances. Medical attendance was continued by general practitioners at 84% of the clinics, and there is no doubt that this is the factor which is mainly responsible for the maintenance of satisfactory attendances.

During the year, the provision of relaxation classes was increased, owing to the fact that it became possible to appoint a full-time physiotherapist for this work. These classes are extremely popular with the younger mothers, especially those who are pregnant for the first time. Mrs. Gibson, the physiotherapist in attendance, has conducted classes for a number of the health visitors and midwives on the staff, and they give instruction in relaxation at those clinics where it is not possible for a physiotherapist to attend. The class at Amble is conducted by one of the orthopaedic nurses employed in the School Health Service.

This table gives details of the attendances at the various classes :—

Clinic.	Attendances.		No. of half-day sessions.	
	1st Visits.	Re-Visits.		
Amble	13	39	8	Commenced Oct., 1957.
Ashington	23	187	40	
Bedlington (Guide Post)	5	34	15	Closed July, 1957.
Bedlington Station ...	57	243	36	
Blyth	58	500	51	Commenced July, 1957.
Gosforth	138	865	91	
Morpeth	55	386	40	
Seaton Delaval	29	108	22	
Throckley	56	162	39	
Whitley Bay	127	601	50	
Willington Quay ...	20	148	35	
	581	3,273	427	

During the year, it was decided that the County Council should open a women's advisory clinic in one area in the county. They had hitherto provided this service by contributing to, and in two cases providing premises for, the clinics operated by voluntary committees affiliated to the Family Planning Association at Ashington, Berwick, Blyth and Newcastle upon Tyne. Requests had been received for the establishment of a clinic at Hexham, but the premises did not lend themselves to the operation of a clinic by a voluntary committee, so it was decided to operate one directly. The two local district midwives were trained to act as clinic nurses, a part-time medical officer was appointed, and the clinic was opened towards the end of the year. Advice is given in contraception on medical grounds to married women on the recommendation of a doctor.

Post-natal Examinations.

The number of post-natal examinations carried out, either at special clinics or at the ante-natal clinics, showed a satisfactory increase during the year. These examinations are mainly necessary in domiciliary cases, as women confined in hospital are generally invited to return there for this purpose. There were 2,203 domiciliary births in 1957, so the attendance of 1,868 women post-natally is a fairly satisfactory result. It is no indication of the total number of women who submitted themselves for examination, as some of the doctors prefer to provide this service at their own surgeries.

Year.	No. of mothers attending.	Total No. of attendances.
1953	1,616	1,813
1954	1,594	1,807
1955	1,723	1,973
1956	1,674	1,884
1957	1,868	2,131

Consultant Clinics.

Pre-school children may be referred for ophthalmic and orthopaedic treatment and speech therapy to the consultant clinics operated by the School Health Service. They may also be referred for Child Guidance to the clinics at Sunderland and Newcastle.

The following table is no indication of the total numbers of children referred from the clinics for treatment, as they may be

t to hospitals or clinics directly by the medical officer in attendance :—

	YEAR.				
	1957	1956	1955	1954	1953
OPHTHALMIC—					
Number of pre-school children examined	961	1,053	934	935	716
Number of Spectacles prescribed ...	257	243	283	356	247
OTOPAEDIC—					
Number of New Cases who attended	540	658	551	422	460
Number of Old Cases who attended	1,612	815	768	1,160	778
HEARING THERAPY—					
Number who received treatment ...	Not available.	63	28	18	26
CHILD GUIDANCE—					
Number of children referred ...	No cases.	2	5	3	6

Immunisation of Pre-School Children.

During the year, the number of pre-school children immunised against diphtheria showed a slight decrease.

Year.	Diphtheria and Pertussis combined.	Diphtheria only.	Pertussis only.
1953	834	6,198	903
1954	1,012	5,384	1,441
1955	3,314	2,310	844
1956	5,222	837	255
1957	5,220	618	159

Ultra-Violet Light Treatment.

The numbers in attendance at the ultra-violet light clinics declined during the year. These clinics are closed during the summer months.

Year.	New Cases Attendances.			Old Cases Attendances.			Consultations with Medical Officer.
	Under 5 years.	5—15 years.	Over 15 years.	Under 5 years.	5—15 years.	Over 15 years.	
1953	378	188	46	5,498	2,677	505	117
1954	220	177	34	4,915	2,651	734	56
1955	273	192	20	4,714	2,871	636	101
1956	208	161	32	4,001	2,535	557	117
1957	207	154	23	3,500	2,296	550	93

Bowmer Bank Ante-natal and Post-natal Hostel.

The hostel at Bowmer Bank, Morpeth, continued in operation during the year. Although this hostel is not utilised to the full extent, it is fulfilling a valuable function in providing accommodation for those unmarried mothers who are without adequate resources and would, therefore, be compelled to undergo pregnancy and confinement in unsatisfactory surroundings. The babies of these mothers are those who would be at greatest risk after birth. A small number of mothers from "problem families", who are unable to cope with their domestic circumstances, are also admitted.

The following statistics relate to the number of admissions and also give details of the arrangements made for the mothers and babies on discharge :—

Babies adopted	...	...	...	...	...	11
Taken home with mother...	...	...	...	...	...	15
Placed with foster-mother	...	...	...	...	...	4
Died in hospital	...	...	...	...	...	1
Taken to employment with mother	...	...	...	...	...	1

Day Nurseries.

The day nurseries at Alnwick and Wallsend remained in operation during the year. There were 6,089 attendances at Alnwick compared with 7,608 in 1956, and there were 2,897 attendances at Wallsend compared with 2,896 in the previous year.

Nurseries and Child Minders Regulation Act, 1948.

Under the provisions of the above Act, registration may be required of premises in which case the institution is referred to as a day nursery. Where, however, children are received for care into the home of the person undergoing registration, that person is registered as a daily minder.

				Year.	
				1957	1956
Nurseries:—					
Registered at end of year	...	...	...	6	6
Children provided for	...	...	...	89	89
Daily Minders:—					
Registered at end of year	...	...	...	11	8
Children provided for	...	...	...	126	96

DENTAL SERVICE.

(Mr. A. E. Robinson, F.D.S.).

Dental treatment for expectant and nursing mothers and pre-school children was again undertaken by the School Dental Officers who gave the equivalent time of 3.1 full-time dentists to this work.

Treatment was undertaken during the year at the following clinics :—

Alnwick, Amble, Ashington, Bedlington Station, Bellingham, Berwick, Blyth, Cramlington, Dudley, Forest Hall, Gosforth, Guide Post, Haltwhistle, Hexham, Howdon, Morpeth, Prudhoe, Seaton Delaval, Shiremoor, Throckley, Wallsend and Whitley Bay.

General Observations.

The general condition of the teeth of the patients seen appears to be much the same as in the previous year. There was however a very welcome increase in the number of mothers who attended for fillings. There are, unfortunately, still a number who attend only willingly to have teeth extracted but once these aching teeth have been removed fail to return to have their remaining defective teeth filled.

There was also an increase in the number of dentures fitted, the figure showing an increase from 968 to 1,001 for the current year.

In the case of the pre-school children there still appears to be an increase in the number who need to have teeth extracted very early, viz., $2\frac{1}{2}$ –3 years of age. This is mainly due to faulty eruption and in view of the fact that many of these teeth are defective on eruption, the fault would appear to be one of diet of the expectant mother.

The treatment provided was comprehensive and complete and it is of interest to observe that the number of patients presenting themselves for dental treatment under this service over the last five years remains remarkably constant, the general picture showing a gradual increase in the number of mothers treated, with a slight falling off in the number of young children who attended.

Table 15 on page 108 shows a comparison of dental treatment provided during the last seven years, and at the end of the year the following areas were in operation :—

Area.				Dental Officer.
1.	Alnwick	...	...	Miss S. M. Crute, B.D.S.
2.	Amble	...	...	Mr. J. W. Russell, L.D.S.
3.	Ashington I	...	...	Mr. W. J. Irvine, L.D.S.
4.	Ashington II	...	...	Mr. D. P. Davidson, B.D.S.
5.	Bedlington Station	...	...	Mr. A. K. Paterson, B.D.S.
6.	Berwick	...	...	Mr. W. P. Neilson, L.D.S.
7.	Blyth	...	...	Mr. H. J. Coombes, L.D.S.
8.	Cramlington	...	...	Mr. T. M. Mahadervan, L.D.S.
9.	Dudley	...	...	Mr. W. Robson, L.D.S.
10.	Forest Hall	...	...	Miss A. E. M. Brown, B.D.S.
11.	Gosforth	...	...	Miss M. I. Lamb, L.D.S.
12.	Guide Post	...	...	Mr. R. M. Foulds, L.D.S.
13.	Haltwhistle	}	...	Mr. R. S. Bodenham, B.D.S.
	Hexham Urban		...	
14.	Hexham Rural	...	...	Mr. T. A. Ireland, L.D.S.
15.	Howdon	...	...	Mr. C. D. Anderson, L.D.S.
16.	Morpeth	...	...	Mr. S. J. Smithson, L.D.S.
17.	Prudhoe	...	...	Miss S. E. Long, L.D.S.
18.	Seaton Delaval	...	...	Mr. A. E. Robinson, F.D.S., R.C.
19.	Shiremoor	...	...	Miss H. M. Walton, B.D.S.
20.	Throckley	...	...	Miss H. C. Gent, B.D.S.
21.	Wallsend	...	...	Mr. J. F. Horseman, L.D.S.
22.	Whitley Bay	...	...	Mr. E. T. Cunnell, B.D.S.

PUBLIC HEALTH NURSING SERVICE.

The administrative staff of the Public Health Nursing Service, with Miss Ann A. Graham as Principal Nursing Officer, was brought to full complement by the appointment of Miss Y. E. Buckoke, Assistant Principal Nursing Officer for the Midwifery and Home Nursing Service, and now consists of :—

- 1 Principal Nursing Officer.
- 2 Deputy Principal Nursing Officers.
- 2 Assistant Principal Nursing Officers.

The appointment in 1956 of one Nursing Officer as Principal for the whole Public Health Nursing Service has had the desired effect of producing a better co-ordination of midwifery, home nursing and health visiting at administrative level as well as a close personal contact between field workers of all three services. A better understanding and appreciation of each other's work enabled them to work together to give a complete service to the families with a saving of time and effort.

To effect the co-ordination, In-Service Education was directed to subjects of mutual interest, particularly in the field of ante-natal care.

Following the circular from the Central Health Services Council on Ante-natal Care related to Toxaemia, a series of area conferences were held in which both health visitors and midwives took part. Plans were discussed for a more comprehensive and integrated service to expectant mothers. Although there was a slight increase in the number of expectant mothers attending the ante-natal clinics, it was recognised that large numbers attending their own doctors or hospital ante-natal clinics for medical care were not receiving the educational benefits afforded in the centres. More knowledge of the physical and psychological aspects of childbirth helps to dispel fear and to create healthier and happier attitudes to childbirth and child rearing. The young expectant mother of a first baby is eager and receptive and knowledge imparted at this time is likely to be of benefit throughout her childbearing life. Young fathers, too, are taking an increasing interest in the birth and rearing of their children, a tendency which is welcomed.

To try to ensure that the educational service should reach as many expectant mothers as possible, a syllabus of talks was drawn up and the suggestion made that general practitioners should be invited to send their patients to the classes arranged. This had already been started in some areas in the county with great success. A total of 245 classes have been held in 15 centres at which both health visitors and midwives took part in the teaching. Classes which expectant fathers also attended are progressing in two areas.

Health Visiting Service.

During the year the establishment of health visitors was increased to 95. Five health visitors left the staff—two on retirement, one to take up an appointment with another authority, one on marriage and one for domestic reasons. Three full-time and one part-time health visitors were appointed, including two newly qualified under the Council's Grant Aided Scheme. The recruitment of health visitors throughout the county has been slow, partly due to the fact that fewer nurses are coming forward for training. Staff shortage was partly alleviated by the employment of more part-time assistants and we have been extremely fortunate in recruiting eminently suitable nurses whose domestic commitments made it impossible for them to take up full-time work in this or other fields.

The pattern of centre attendances and home visits showed the change in the public attitude to the service. More people came to the centres for advice and the numbers of consultations at the health visitors' headquarters apart from ordinary clinic sessions increased by three thousand. These consultations related to problems of all kinds on which advice and help was needed and were held both with individuals needing advice and with other social workers and general practitioners with whom it was necessary to co-operate. We were fortunate in having so many centres where health visitors have office facilities, and the excellent and increased use that was made of them amply justified their provision.

The provision of telephones for ten health visitors working from their own homes was a further progressive step and greatly facilitated their work as well as being of value to the general public who can now get in touch with the health visitors immediately they need help. The availability of the health visitor by telephone at her headquarters either at home or office reduced the need for a good deal of routine home visiting that was formerly necessary and has ensured a much more economical use of her time.

The following statistics indicate the variety of the health visitors' work :—

Infant Welfare :

First Visits (under one year) ...	...	...	...	7,736
Re-visits (under one year) ...	...	...	...	30,311
Visits to children aged 1—2 years ...	...	...	...	21,264
Visits to children aged 2—5 years ...	...	...	...	43,486

Ante-natal :

First visits to home ...	...	...	...	2,029
Re-visits to home ...	...	...	...	1,799
Infant Death Enquiries ...	...	...	...	158

Stillbirth Enquiries	...	...	...	...	...	116
Aged Persons	...	...	...	...	...	6,083
Care and After-Care	...	...	...	...	...	735
Prevention of Break-up of Families	...	...	...	...	...	1,555
Mental Health	...	...	...	...	...	398
Unclassified Visits	...	...	...	...	...	4,122
Tuberculosis :						
First visits	...	...	...	...	...	545
Re-visits	...	...	...	...	...	5,927
Attendance at Chest Clinic	...	...	...	...	...	487
Visits to tuberculous households	...	...	...	...	...	6,087
Total number of families visited	...	...	...	...	...	36,548
Number of consultations at headquarters...	...	...	...	...	...	14,700
Visits paid by health visitors in capacity of school nurse :						
Visits to schools	...	...	...	...	...	6,903
Follow-up visits to homes	...	...	...	...	...	11,323
Visits paid by assistants in capacity of school nurse :						
Visits to schools	...	...	...	...	...	1,122
Follow-up visits to homes	...	...	...	...	...	119

Unclassified visits cover a wide field. As the social work in connection with family welfare inevitably increases, more contact is made with other services and agencies. These visits are time consuming and their number, in relation to visits to pre-school children, does not give a true indication of the amount of time taken on this type of social work.

The new housing estates present especial problems. The rapid influx of families into the areas, whose change of environment involve financial as well as psychological difficulties, places a great burden on the number of staff it is possible to provide. Strangers to their neighbours, young mothers are often bewildered, unsettled and unhappy at first in their new surroundings and the friendly visits of the health visitor who can introduce them to each other can do a great deal in helping to establish an integrated community. In spite of the difficulties of accommodation in the Longbenton area, a Mothers' Club was firmly established. This began, in the first place, as a sewing class to help mothers to clothe their children more economically. It has provided, in addition, a real opportunity for more general education, and talks and educational films are frequently asked for.

SCHOOL HEALTH SERVICE.

The health visitor's work in the schools is an important aspect of preventive work. There is an increasing demand for her services in teaching mothercraft to senior school girls.

It is desirable to introduce early to adolescents the maternity and child welfare and other social services that are available in the community and to teach them the simple basic principles of home management and child care at a receptive age. The health visitor is a specialist in these subjects and is taking an

increasing part in the curriculum of secondary modern schools by giving lessons and teaching practical skills in the care and management of young children. At Blyth, Whitley Bay, Forest Hall and Longbenton school girls have been prepared for the mothercraft examination of the National Association for Maternal and Child Welfare. One hundred have gained the certificate of merit. In several other areas shorter courses of lessons have been given and groups of girls have attended child welfare sessions to observe the work being done there. This early introduction to the services will undoubtedly have an effect on their use later and this knowledge of the health visitor as specialist and teacher in child care will help them when they themselves become mothers.

TUBERCULOSIS.

The health visitors have continued to play their part in the prevention of tuberculosis. As the result of modern drug treatments, prolonged routine visiting of patients is usually no longer necessary. More time can be devoted to new patients, the ascertainment of sources of infection and the follow-up of contacts. Liaison is maintained between homes of tuberculous families and the chest clinic. The consultants are kept informed of domestic circumstances of their patients. The excellent response to B.C.G. vaccination of contacts and school leavers was due in no small measure to the efforts of the health visitor to educate parents and other groups in this connection.

CARE OF THE AGED.

The initial ascertainment of aged persons needing help in the county is usually done by the health visitors. Voluntary Old People's Welfare Committees are now established in many areas and where voluntary visitors are available to keep in touch with the aged persons by friendly visiting the health visitors have been relieved of a good deal of routine work. There is great scope for the development of friendly visiting in a voluntary capacity, especially during the winter months when many lonely old people are unable to get out. Tribute should be paid to these committees for the excellent service they render to old people filling in the gaps of the National Health Service by providing chiropody services and night sitters as well as the provision of extra comforts, "Meals on Wheels", etc., and social functions.

Good liaison is established between the health visitors and the committees, the health visitor usually serving on the committee in an advisory capacity and a two-way flow of information ensures that the old people are not neglected. The health visitor's services were still often required to try to persuade the old people to

accept the services available and to persuade relatives to take a reasonable share of responsibility. The health visitors have sometimes been the means of restoring friendly relationships in families previously estranged and in trying to ease tensions when "living in" was causing friction. This continued to be an important aspect of home visiting.

The problem remains of a few aged persons who, by their own attitudes, are not benefiting from the social services available and who continue to live in squalor in spite of all efforts to help them. These, too, take up a proportion of the health visitor's time.

MOTHERS' CLUBS.

The clubs are functioning at 16 centres in the county. A new club commenced during the year at Red Row and the club at Netherton was discontinued owing to the movement of population. Members take an active part in the organisation and appoint their own officers. Thus they have an opportunity for exercising their talents for committee work and organisation which develops poise and confidence in young mothers previously unused to any kind of group activity.

Programmes ranged over a wide variety of subjects both social and educational from prevention of accidents to beauty care, and demonstrations were given on all kinds of handicrafts. School teachers were asked to come and talk to the mothers ; this undoubtedly helped to develop a better understanding between parents and school staff. How civic interest has developed is demonstrated by a letter sent from one club to the local council pointing out various dangers to young children on a new housing estate. The response to this was excellent and early action was taken to eliminate the dangers.

These clubs are of great value as they give young mothers the opportunity of meeting together without the distraction of their children, to listen to specialist speakers and join in discussion on common problems. They have the effect, too, of stimulating interest in the maternity and child welfare service and in modern ideas of child care in relation to mental health. We have received an increasing number of requests for talks on child behaviour and on the psychological aspects of child care.

HEALTH EDUCATION IN THE COMMUNITY.

Health visitors have given talks to a large variety of groups and organisations including Women's Institutes, Ladies' Clubs, Old People's Welfare meetings, Mothers' Unions, Co-operative Guilds, Red Cross and St. John Organisations, Parent-Teacher

Associations, etc. The chiropody service for old people operating at the centres has given an opportunity for the health visitors to talk to small groups of old people on specific problems of old age. One health visitor gave a talk to the employees at a dairy farm on the prevention of tuberculosis.

Courses of lectures have been given to Girl Guides and several health visitors act as examiners for the British Red Cross Society examinations in First Aid and Home Nursing.

Visual aids are extremely helpful and we have continued to build up a central stock of film strips, models, posters, etc., which can be loaned out to the staff to help them in their educational work.

Health visitors have taken part in the practical instruction of students from the Newcastle Health Visitor Training School and of student nurses from Hexham General Hospital, and lectures have been given by the administrative staff to both groups.

This introduction of students to the public health nursing service is of great importance as it is frequently the first impressions which determine future attitudes. Tribute must be paid to members of the staff whose interest and enthusiasm have given to the students such a satisfactory impression of the services in Northumberland.

IN-SERVICE EDUCATION.

Health visitors, engaged as they are in educating the community in the preservation of health both mental and physical, should themselves keep abreast of current thought and developments. The staff of this department are fully aware of this need and are always ready to avail themselves of opportunities to improve their knowledge. A special Extra-Mural Course on Mental Health involving twenty evening lectures was arranged at King's College and 42 health visitors attended, including the administrative staff.

Seven health visitors attended refresher courses arranged by the Royal College of Nursing, the Women Public Health Officers' Association and the Central Council for Health Education. Reports on these courses were given at one of the staff conferences so that all the staff benefited from new knowledge gained.

Full staff conferences were held quarterly and matters of interest and importance to the staff discussed. A joint conference was held with the staff of the Children's Department to ensure better understanding and co-operation between field workers.

The health visitors' library continued to be well used and several new books were purchased.

Midwifery and Home Nursing Service.

The staffing position throughout the year continued to improve and, although more changes took place in some areas than was desirable for continuity of nursing care, recruitment was adequate to fill the temporary vacancies.

The reluctance to share accommodation was further demonstrated throughout the county by inability to recruit staff willing to reside in nurses' homes. By the end of March there were no residents in the nurses' home in Blyth and this home was closed. All the nurses and midwives in that area then worked from their own homes and, with the co-operation of all concerned, the service continued to work satisfactorily.

The following changes have taken place :—

- 7 members of staff retired.
- 13 resigned appointments.
- 2 died.
- 19 permanent staff appointed.

It is worthy of note that the seven members of the staff who retired during the year had a total of 228 years' service in Northumberland.

It is with regret that I have to record the deaths of Miss M. Sullivan, District Nurse, Belford, and Miss G. V. Wright, District Nurse, Stamfordham.

MIDWIFERY.

There was a further small reduction in the number of domiciliary confinements, 2,200 compared with 2,273 in 1956. Maternity medical services were provided in 2,087 domiciliary cases ; doctors were present at 25% of these. The trend towards hospital confinements in the county continued and, in consequence, there was an increase in the number of hospital maternity cases attended by midwives following early discharge.

There was good liaison between hospital and local authority staff so that continuity of care was established with a minimum of delay.

Inhalational Analgesia.

Trilene was more extensively used to replace gas/air analgesia and was administered in over 50% of cases, although sometimes the two were used in conjunction. Fifty-two trilene machines were in use.

Ante-natal Care.

Midwives have an important part to play in the field of ante-natal care and the number of home visits paid to expectant mothers during the year was 16,606. There was an increase in

the number of attendances by midwives at ante-natal clinics, and in two areas midwives assisted the general practitioners at ante-natal sessions held in their own surgeries. They also took part in health education programmes.

Training of Midwives for Part II of the Central Midwives Board Examination.

Four teaching midwives assisted with the training of eight pupils by providing district training in Ashington and Wallsend. This was fewer than last year and probably reflects the general shortage of recruits into the midwifery profession. Nine qualified as midwives during the year: two continued on the staff as district midwives and one former pupil returned to the staff after a year's service in hospital.

Refresher Courses.

Twenty midwives attended refresher courses attended by the Royal College of Midwives at various university centres and brought back interesting reports. A meeting was subsequently held to discuss the content of the courses.

HOME NURSING.

There was a small reduction in the number of patients attended but an increase in the total number of visits paid. The reason for this was that more aged and chronic sick patients received long term nursing care which involved frequent visiting over long periods. Two thousand three hundred and thirty-eight patients received over 24 visits each. The provision of this nursing care certainly obviated the need for removal to hospital in many cases. On the other hand, a number of old people were attended in circumstances in which it was impossible to give adequate nursing care but for one reason and another they could not be admitted to hospital.

Of the total number of visits paid by home nurses during the year under review (237,709) 130,296 were paid to patients of 65 years and over, and 4,803 to children under five years of age.

The following details show the diagnoses and numbers of visits to new cases during the year :—

Pneumonia	...	...	...	...	...	212
Influenza	...	...	...	...	...	277
Other respiratory conditions	...	...	...	...	...	677
Cancer	...	...	...	...	...	471
Cerebral haemorrhage	...	...	...	...	...	508
Heart and circulatory diseases	...	...	...	...	...	976
Genito urinary diseases	...	...	...	...	...	376
Digestive system	...	...	...	...	...	645
Bones, joints and injuries	...	...	...	...	...	2,271
Skin diseases	...	...	...	...	...	307
Senility	...	...	...	...	...	651
Fenicillin administration	...	...	...	...	...	1,754
Diabetes	...	...	...	...	...	105

In some areas of the county district nurse-midwives gave valuable assistance at poliomyelitis clinics and made 755 attendances at child welfare centre sessions. In some rural areas they relieved the health visitors by examining pupils prior to admission to Marton and Brownrigg residential schools. District nurse-midwives also participated in the activities of some of the mothers' clubs.

Two district nurse-midwives received a special course of instruction at the Women's Welfare Clinic in Newcastle and subsequently staffed a similar clinic in Hexham from October.

District nurse-midwives in the west of the county again took part in the programme arranged for student nurses from Hexham General Hospital to observe the work of the public health nursing services.

A member of the home nursing staff attended a two-day course on the Care of the Aged organised by the Central Council for Health Education and, together with a health visitor who also attended the course, compiled a comprehensive report which was circulated to the staff.

LIBRARY.

For a number of years a library has been maintained for the health visiting staff and this became available for all the public health nursing staff. It is interesting to note that home nurses and midwives are now availing themselves of this service.

PREVENTION OF BREAK-UP OF FAMILIES.

The work of the co-ordinating committees has continued under the able guidance of the Area Executive Medical Officers, and the success that has been achieved in preventing the break-up of families has been due to the devoted work of health visitors, children's visitors, probation officers, school welfare officers and others.

At the end of the year there were 217 families regarded by the area co-ordinating committees as "problem families" on the central register, 22 families having been added during the year and 38 families removed. Of the 38 removals, 33 families were removed because the co-ordinating committees considered that they were sufficiently improved to warrant this, while three families left the county and two families broke up.

The special work of the Family Care Sub-Committee within this field was continued and the following table shows the work undertaken during the year :—

1. Number of families helped	...	...	...	...	14
2. Number of new families taken into care	...	...	...	...	—
3. Number of families discontinued	...	...	...	...	4
4. Total number of children in families in (1)	...	...	...	...	93
5. Number of children taken into care by Children's Department out of (4)	...	...	...	...	18

N.B.—These children came from three families. In all three cases the care was of a temporary nature. In two families the need arose through the admission to hospital of the mother and in the third family the children were taken into care whilst the mother attended Brentwood Recuperative Centre.

6. Highest and lowest number of families in care at any one time	...	...	...	...	...	...	14
							10

After March there was again only one worker in the county and this led to a reduction in the number of families being visited. Of the four cases closed two were felt to be doing reasonably well, in one case the family having been rehoused. Later contacts have shown that this improvement has been maintained. The other two cases were closed as a matter of expediency with no sign of improvement, but they were chosen as they had been the most recently opened.

In helping the families 1,228 contacts were made—834 with the families themselves and 394 on their behalf.

Work with these families has continued in a now established pattern. It has become increasingly apparent that both the immediate practical difficulties and more deep rooted emotional disturbances in the families arise from inadequacies in the personalities of the parents. A lasting improvement in material conditions can only be expected in proportion to an improvement and modification in the basic attitudes of the families.

At the same time as working with this long term purpose in mind, it is often imperative that pressing practical problems are dealt with immediately. Debts are an ever present source of concern, arising both from failure of the husband to provide adequately either through poor earning capacity or from unwillingness to work regularly and from badly planned spending on behalf of both parents. The worker has helped here on two levels. It has frequently been necessary to approach debtors on behalf of the families and make arrangements whereby the family has been given more time in which to pay their debts ; this has at times meant that the worker has collected and paid over regular weekly payments. The worker has also tried by discussion and encouragement to develop a more realistic attitude towards budgeting generally. Only in a slight degree has this been successful, but in two families where rent arrears accrue regularly these have not reached the heights which they had done in the past, and the families have made unprompted efforts to reduce the arrears before eviction has been threatened. Help has been obtained on two occasions from S.S.A.F.A.; in one instance to clear an outstanding debt on a Court order and in a second case to pay for the fares for a mother and two children to travel to a Recuperative Centre. On several occasions the W.V.S. have been most helpful in providing clothing and bedding.

In four families mothers were confined, and in two cases it was necessary for the children to be admitted into the care of the Children's Department whilst the mother was in hospital.

During the year one family which was badly overcrowded was rehoused. At the end of the year only one family being visited by the worker was in inadequate accommodation.

One mother together with her two youngest children were sent to Brentwood Recuperative Centre in Cheshire. The two elder children were admitted to the care of the Children's Department during this period. There seemed likelihood of the imminent break-up of the family, and so poor were the chances thought of the mother improving that she was admitted to the Centre for a week's trial period. She stayed the specified three months and made remarkable progress. In such cases it is emphasised

by the warden of the Centre that intensive follow-up work on return home is necessary. The worker with co-operation from a number of other departments has been able to do this. The family are continuing to maintain a much higher standard, though intensive supportive work will be needed for years to come.

During the year the worker attended the British Conference of Social Work in Edinburgh and also the Annual Conference of the Family Service Units.

VACCINATION AND IMMUNISATION.

DIPHTHERIA AND WHOOPING COUGH.

The Poliomyelitis Vaccination scheme, which received so much publicity at the beginning of the year with the American and Salk vaccine, was responsible for some decrease in the number of children immunised against diphtheria and whooping cough.

In an effort to keep the immunity index high pre-school children were immunised as a rule before they were given other preventive vaccinations and the figures shown in the table below record a higher number of children under the age of 5 immunised than last year.

Sub-Committee Area..	Number of children who completed a full course of primary immunisation against diphtheria.				Number of children who received a secondary reinforcing injection (i.e. subsequently to primary immunisation at an earlier age).		
	Age at Date of Final Injection.				Age at Date of Final Injection.		
	Under 1 year	1—4 years.	5—14 years.	Total.	0—4 years.	5—14 years.	Total.
North No. 1 ...	242	60	8	310	108	101	209
North No. 2 ...	347	97	4	448	196	113	309
Central ...	824	117	127	1,068	509	1,021	1,530
East ...	175	578	288	1,041	113	1,840	1,953
South ...	868	207	82	1,157	614	630	1,244
South-East ...	750	494	155	1,399	74	700	774
West ...	284	168	16	468	103	77	180
Wallsend ...	503	124	237	864	1	502	503
Totals ...	3,993	1,845	917	6,755	1,718	4,984	6,702
1956 Totals for comparison	3,819	2,240	744	6,803	1,916	5,821	7,737

In the case of whooping cough immunisation, the use of the combined vaccine was very popular and more children were immunised than ever before.

WHOOPIING COUGH IMMUNISATION.

SUB-COMMITTEE AREA.	Combined with Diphtheria Prophylactic.				Pertussis only.				TOTAL.			
	Age at date of final injection.				Age at date of final injection.				Age at date of final injection.			
	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.
North No. 1	203	50	4	257	—	8	1	9	203	58	5	266
North No. 2	309	85	5	399	2	7	3	12	311	92	8	411
Central ...	782	109	14	905	1	4	2	7	783	113	16	912
East ...	243	492	2	737	2	6	1	9	245	498	3	746
South ...	843	200	37	1,080	4	41	3	48	847	241	40	1,128
South-East	639	351	74	1,064	50	31	1	82	689	382	75	1,146
West ...	223	89	2	314	1	1	—	2	224	90	2	316
Wallsend ...	487	115	1	603	1	—	—	1	488	115	1	604
Total ...	3,729	1,491	139	5,359	61	98	11	170	3,790	1,589	150	5,529
1956 Totals for comparison	3,478	1,744	96	5,318	35	220	45	300	3,513	1,964	141	5,618

SMALLPOX.

No case of smallpox occurred during the year, but the popularity of vaccination in children was maintained and the total of 3,162 shown in the table below was the highest ever recorded in the County. It is very important that babies should be vaccinated as early as possible in view of the speed with which this killing disease can spread into the country by air travel from tropical countries.

SUB-COMMITTEE AREA.	Age at date of Vaccination.											
	Number vaccinated during period.						Number re-vaccinated during period.					
	Under 1 year	1 year	2—4 years	5—14 years	15 years or over	Total	Under 1 year	1 year	2—4 years	5—14 years	15 years or over	Total
North No. 1	218	5	2	5	3	233	6	10	26	41	65	148
North No. 2	263	13	10	6	25	317	—	—	7	13	76	96
Central ...	170	10	25	18	43	266	—	—	3	13	56	72
East ...	89	85	46	17	32	269	—	—	4	7	56	67
South ...	547	38	48	35	43	711	1	—	8	8	120	137
South-East	421	95	60	21	60	657	2	1	5	12	152	172
West ...	239	16	9	25	26	315	—	—	4	8	55	67
Wallsend ...	344	12	8	5	25	394	—	—	3	5	70	78
Total ...	2,291	274	208	132	257	3,162	9	11	60	107	650	837
Year 1956 Totals for comparison	1,788	366	124	83	180	2,541	5	9	28	102	514	658

VACCINATION AGAINST POLIOMYELITIS.

In May the scheme was extended to include children born in 1955 and 1956 and to those children born during the years 1947 to 1954 inclusive who had not already been registered in the first group. The scheme was further extended in November to all children born from 1943 to 1946 and those born in 1957 who were not less than six months old ; in addition, vaccination against poliomyelitis was made available to expectant mothers, general practitioners and their families, and to the ambulance staff and their families.

During the course of the year 41,417 new registrations were received in the department, making a total of 69,810 registrations since the inception of the scheme. By the end of the year all

children who were registered before 31st March, 1956, and who were still available had been vaccinated. It was also possible to begin vaccination of children born in 1955 and 1956.

The operation of the scheme for registration and the necessary arrangements for vaccination made a very heavy demand on the staff of my department and the staff of the area health offices, but it is pleasing to report that this additional work was cheerfully accepted by all concerned and a smooth running system was rapidly developed. I would also like to place on record my appreciation of the co-operation of the family doctors who vaccinated considerable numbers of children. Altogether the medical officers of this authority and the family doctors vaccinated almost 25,000 children during 1957.

AMBULANCE SERVICE.

A new depot for three ambulances was completed adjacent to the new child welfare centre at Broomhill and opened in the spring. This was the eighth new ambulance station built by the Council since 1948.

Owing to the greater number of patients being seen at the new out-patient department at Ashington hospital, it was necessary to increase the strength of the fleet by one vehicle.

New replacement ambulances brought into use during the year were seven BMC and two Bedford Diesels as well as one Austin petrol-driven ambulance. Old ambulances when suitable were transferred to the Civil Defence Department for the training of volunteers.

For the second year running, the number of patients carried in ambulances declined—from 183,587 in 1955 to 171,139 in 1957.

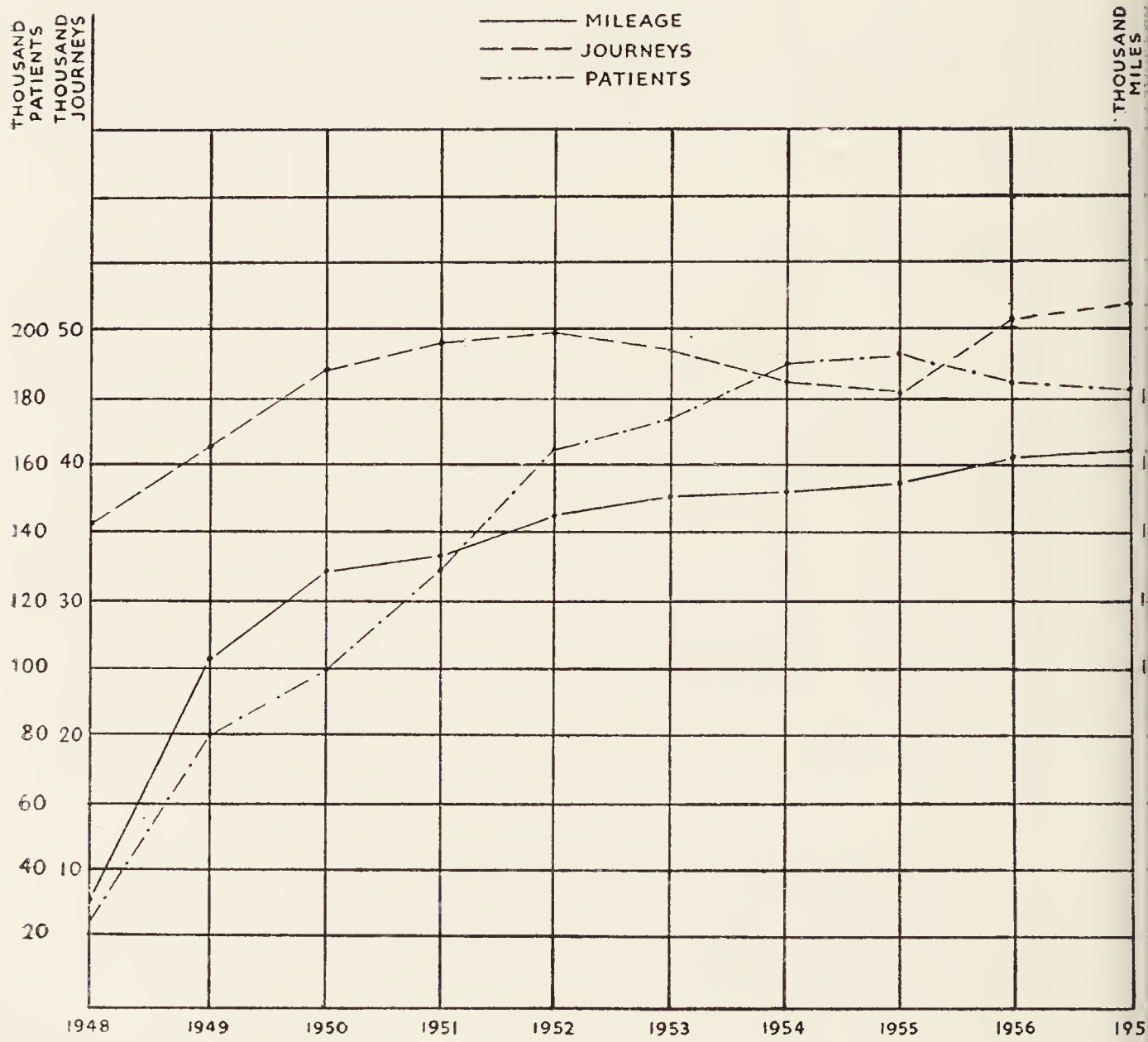
Unfortunately from an economic point of view, this was not followed by fewer journeys and less mileage, and the early advantages gained by the introduction of radio controlled vehicles have not continued. It seems to me that this may be due partly to the increased number of stretcher cases being carried home from hospitals because of earlier discharges and partly to the very large number of relatives who have to be carried with patients. Similarly it can be argued that the increased number of journeys since 1955 may be due to having too many vehicles at certain stations, especially as the average miles travelled per journey is decreasing. These are matters which are under consideration at present.

The agency services provided by the British Red Cross Society and the Order of St. John as well as by Messrs. Smith & Sons, of Thropton, continued to give an excellent rural service and were appreciated by all.

Ninety-three ambulance drivers were entered for the annual safe driving competition of the Royal Society for the Prevention of Accidents, a special sub-committee investigated all accidents to ambulances and made 68 awards.

The usual statistics will be found in Tables 17 and 18.

TOTAL AMBULANCE SERVICE 1948 - 1957



HOME HELP SERVICE.

The Area Executive Medical Officers and their staffs were again responsible for the running of the home help service which is becoming such a well-known part of the life of the old people in the County.

A record total of 3,141 families were given help and of these 2,396 were old people. The policy of employing part-time women so that help could be given to more cases in the morning was continued, and at the end of the year 800 helps were working. The use of neighbours for short cases has been of great help in the rural areas and without them the service could not have helped so much.

The recruitment of residential home helps for confinement cases has continued to be difficult, but the demand has been met with the willing co-operation of the home helps.

The two home help organisers have paid visits to the homes of the people and have seen the work being done as well as maintaining a link between the patient and the staff.

Annual meetings of the home helps in each Area have taken place and instructions on invalid cooking and other useful special household requirements in the case of sickness have been given when possible.

Tables 19 and 20 gives details of the work carried out in each Area.

REGISTRATION OF NURSING HOMES.

There are 4 nursing homes, 2 of them taking maternity cases only, in the County. Each home has been regularly inspected and all have been found to be quite satisfactory.

REGISTRATION OF HOMES FOR OLD AND DISABLED PERSONS.

These homes are registered by the County Council in accordance with the National Assistance Act and visits of inspection are carried out from time to time by the County Welfare Officer and a doctor from this Department.

There are now 13 homes registered in Forest Hall, Gosforth, Hexham and Whitley Bay and they are able to accommodate 107 old people. Inspections have been carried out during the year. Faults were reported to the Welfare Committee and in all cases a satisfactory solution was finally reached.

MENTAL HEALTH SERVICES.

ADMINISTRATION.

The mental health service continued to be administered by a Sub-Committee of the Health Committee consisting of sixteen members of the Council, together with seven co-opted members, and quarterly meetings were held during the year.

The staff employed in the service was unchanged from the previous year. The six duly authorised officers and the three assistants continued to maintain a twenty-four hour daily service, dealing with cases under the Lunacy and Mental Treatment Acts, supervising mental defectives living in the community, and investigating cases under the National Assistance Act on behalf of the County Welfare Committee.

CO-ORDINATION WITH HOSPITAL AUTHORITIES.

During the year active co-operation was continued with the Regional Hospital Board; Northgate and District Hospital, Morpeth; Prudhoe and Monkton Hospital and Aycliffe Hospital, concerning the question of accommodation for mental defectives. On numerous occasions arrangements were made for domiciliary visits to the homes of mental defectives who were in urgent need of hospitalisation, by the medical superintendents of the hospitals. At other times patients were seen and examined either at the hospitals or at clinics.

DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.

No duties have been delegated by the local health authority to any voluntary association, but contact has been maintained with the National Association for Mental Health, and a grant was made to the Association.

TRAINING OF OCCUPATION CENTRE STAFF.

One of the assistants at the Ashington Centre was successful in obtaining the diploma after attending an extended course at Manchester organised by the National Association for Mental Health. Two other assistants attended a refresher course in London, organised by the same association. Arrangements were also made for a temporary assistant at the Ashington centre to attend a full diploma course at Manchester.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

The authorised officers, on behalf of the Welfare Committee, visited old and handicapped persons who were seeking admission into accommodation provided under Part III of the National Assistance Act, 1948. Details of this work are shown in tables at the end of this report.

A summary of the work performed by the authorised officers under the Lunacy and Mental Treatment Acts during the year is given on pages 114 and 115.

A total of 594 cases were referred and in 118 no action was considered necessary while in 14 cases application was made for the admission of the patient to accommodation under Part III of the National Assistance Act.

Of the remaining 462 cases referred only 39 patients were admitted to hospital under Section 16; the overwhelming majority of patients were admitted to hospitals under Section 20 on "three day orders." One quarter of these patients returned home at the end of that time, and three quarters were admitted to hospital either as voluntary patients or under certificate.

The table also shows 652 voluntary patients dealt with under the Mental Treatment Act in mental hospitals situated in Northumberland and also in the General Hospital, Newcastle. Included in this number are 58 males and 80 females who were originally dealt with under a "three day order" and subsequently found to be suitable for admission as voluntary patients.

Mental Deficiency Acts, 1913-1938.

Particulars of mental defectives notified during the year are shown on page 117. As usual the majority of the cases ascertained had been notified by the Director of Education under section 57 (3) and (5) of the Education Act, 1944.

Permanent hospital accommodation for mental defectives was still at a premium, but the arrangements under circular 5/52 for short-term accommodation has been most satisfactory and it was possible to admit a total of 70 patients, the majority being children. Parents have greatly appreciated this new arrangement and more applications are anticipated as time goes on, and the scheme becomes better known.

OCCUPATION CENTRES.

Continued progress was maintained at the four centres which had been established previously and arrangements were made to set up a part-time centre at Prudhoe, under the supervision of a Home Teacher who had been appointed for the western portion of the County of Northumberland. The pupils attend two days a week and they are conveyed to and from the centre by private hire. They are also supplied with school meals, the centre being in close proximity to one of the schools.

The main purpose of an occupation centre is to give training to those children who have been excluded under section 57 (3) of the Education Act, 1944 from receiving education at the

ordinary elementary school. The ultimate aim is to enable children to occupy a useful place in the community. By receiving suitable discipline in the centres, the pupils, both young and old, have shown much improvement in the past year, and it is satisfactory to hear the praise given by parents, from time to time. The children are encouraged to feel that they are attending a school, similar to their brothers and sisters.

The main time-table at the centres is taken up by habit-training, sense training, speech and physical training, handwork, music and movement, also training in simple domestic tasks. There are opportunities for free play. Christmas parties were held at all the centres, which were thoroughly enjoyed by the pupils and staff, also the parents who attended. Numerous gifts were received from various organisations which showed the interest taken in the welfare of the pupils.

An excellent Christmas entertainment provided by the pupils attending the Wallsend Centre was greatly appreciated by a large audience, including the Mayor of the Borough. It was good to observe the appreciation shown by the parents when their children were taking part in the entertainment, and thoroughly enjoying the performance. Much credit is due to the Supervisors and their Assistants at all the centres for their constant efforts to achieve such satisfactory results.

HOUSING.

NEW HOUSES.

The total number of houses completed in the various county districts during 1957 shows no significant variation from the average for the past few years, being only a slight reduction on the previous year's figure. 3,635 new dwellings were occupied during the year as against 3,720 in 1956. There was a drop in the number built by local authorities, which was not unexpected, but this was almost completely offset by an increase in the number of privately built houses which totalled 1,546, a figure which is higher than at any time since the speculative building boom of the middle nineteen-thirties.

There is still a steady movement of population from the City of Newcastle into housing estates built by the Corporation outside its boundaries and within the administrative county, some 550 houses being thus added to the county total. Full details will be found in Table 25.

SLUM CLEARANCE.

It is obvious from the number of houses put out of use during the year that the drive for clearance of unfit properties is now beginning to gather momentum. Returns from the various local authorities show 968 dwellings either closed or demolished and this is a notable increase over the average recorded during the past few years. Estimates submitted by district councils to the Ministry during 1955 envisaged the clearance of 4,506 houses in the county during the ensuing five years and it is interesting to assess the progress so far from the figures for the year under review (as shown in Table 26) together with the corresponding totals for 1956. In these two years 1,677 houses have been discontinued, which represents rather more than one-third of the estimated five-year programme, so that, allowing for the inevitable slow start due to the usual Housing Acts formalities, the work would appear to be going on reasonably satisfactorily.

A closer examination of the statistics, however, reveals that there is considerable variation in the degree of success being achieved by the different councils. Generally speaking better headway has been made in the boroughs and urban districts, notably by the Wallsend, Bedlington and Longbenton authorities. On the other hand there is the Amble Urban District Council faced with a programme of 100 houses and showing no demolitions or closures at all during the past two years. Among the rural districts the best record is that of the Glendale Rural District Council with 101 houses discontinued in the same period. At the other end are Bellingham and Rothbury who have no progress

whatever to record during 1957. It is appreciated, of course, that the target figures are purely estimates and such factors as the rate of completion of new council houses can upset a programme. Nevertheless although the overall picture is not unsatisfactory some authorities will have to move more quickly if they are to achieve their original intention.

IMPROVEMENT GRANTS.

As a result of the call for general economy in local authority expenditure some councils were known to be considering the advisability of restricting the operation of the schemes for grants to owners for property improvements under the Housing Act, 1949. It is, therefore, pleasing to be able to record that not only has there been no reduction in the amount of work carried out in this direction, but the total number of grants approved during the year, namely 798, was the highest since the Act came into force. Enquiries made of the various authorities reveal also that the average grant made per house is still running at much the same level. This is a very satisfactory position, for there is no doubt that improvement grants are wise spending, resulting, as they do, in the continuance in use, with amenities brought up to present day standards, of many houses which would otherwise become obsolete and ripe for clearance while their fabric still remained sound. It is interesting to note that the boroughs and urban districts, which got off to a much slower start than the rural districts, are now showing more activity and for the second year running have been responsible for more than half of the total number of grants approved (see Table 27).

WATER SUPPLIES.

The bacteriological examination of water is undertaken by the Public Health Laboratory at the General Hospital, Newcastle upon Tyne. Copies of the reports on water samples submitted by authorities in the administrative county are received in the department and any unsatisfactory results are investigated.

Of the total of 920 samples examined from both public and private sources 546 were highly satisfactory, 143 satisfactory, 42 suspicious and 189 unsatisfactory. These figures show no significant variation from the pattern of the last few years, most of the unsatisfactory samples being accounted for by special investigations into individual private sources or by tests taken of water before treatment.

With the exception of the bringing into use of the new stream intake intended for the Glendale Rural District Council's regional scheme and the connecting of it to the Wooler and district mains, so eliminating one source of supply which has long been a worry, there has been no important change in the supplies of water to the various parts of the county during the year. Such other works as were carried out were of a minor nature. A great deal of time was, however, spent in discussions regarding the supply to the south-west of the county and in connection with the formation of the proposed Coquet Water Board. In the case of the first mentioned, agreement was finally reached for the Newcastle and Gateshead Water Company to take over the existing undertakings of the Hexham Urban District Council and the Haltwhistle and Hexham Rural District Councils and so make available improved supplies along the valley of the South Tyne where a serious problem has existed for many years. In view of the Ministry's present policy regarding amalgamation of water undertakings this was the course of choice.

Regarding the Coquet scheme, the provisions of the Draft Order were practically settled by the end of the year, but the original conception of this scheme has now been considerably altered. A suggestion to abstract and purify water from the lower reaches of the river having been examined, was found to be more economical than the proposed impounding reservoir near the source, and the project is now to go forward on these lines. The delay caused by this change of plan should be offset by the shorter time now required for the construction of the necessary works and it is to be hoped that it will not be long before some real progress can be reported.

In those parts of the county at present supplied by the Newcastle and Gateshead Water Company 82 samples were taken at various points and all were of a satisfactory standard. Water

supplied by Tynemouth Corporation was sampled on 151 occasions and 14 samples were unsatisfactory, a further 13 being reported suspicious. The samples which failed to reach the required standard were not within the statutory supply area of the Corporation, but from a district purchasing water in bulk. The trouble appeared to be in the mains belonging to the distributing authority and their attention had to be given to this.

WATER SUPPLIES AND SEWERAGE ACT, 1944.

Schemes submitted for Approval.

The following schemes were submitted during the year for the consideration of the County Water Supplies and Sewerage Committee under Section 2 of the Act :—

		£
Berwick Borough ...	Scheme for improved water supply to the rural area to the north of the borough (amended scheme).	90,000
Alnwick Rural District ...	Sewerage scheme with sea outfall for Boulmer Village	18,500
Belford Rural District ...	Scheme for improvement of water supplies to Easington and Beadnell (part of general district scheme, estimated cost £162,000).	15,600
Bellingham Rural District	Water supply scheme for Kirkwhelpington village.	15,619
Castle Ward Rural District	Extensions and improvements to sewage disposal works for Stannington Station Road area.	4,545
	Sewerage and sewage disposal scheme for Fenwick village.	3,130
Hexham Rural District ...	Sewerage and sewage disposal scheme for Simonburn village.	2,950
Morpeth Rural District ...	General water supply scheme for south west part of district.	74,500
	Improved water supply for Hebron village.	630
	Sewerage scheme for Cambo village to connect to existing Scots Gap works.	7,300
	Sewerage and sewage disposal scheme for Longhirst Colliery	14,000
	Outline schemes for services for Broad Lyne new town project.	
	Water supply	132,300
	Sewerage scheme with sea outfall	155,505
Norham and Islandshires Rural District	Sewerage scheme with sea outfall for Holy Island (amended scheme—original cost £19,500).	27,285

Ministry Inquiries and Investigations.

Local inquiries and investigations into the following proposed schemes were held by Ministry of Housing and Local Government inspectors :—

- (a) An investigation at Hexham on the 19th February into an application by the Hexham Rural District Council to borrow £2,950 for works of sewerage and sewage disposal for Simonburn Village.
- (b) A public inquiry at Amble on 27th March into the Amble Urban District Council's application to borrow £22,000 for works of water supply including a new borehole near Morwick Gate and a water main from this source to the Morwick reservoir.
- (c) A public inquiry at Bedlington on the 25th April into a scheme of sewerage and sewage disposal for Bedlington Urban District Council, including a sea outfall south of the Cambois colliery tip (£689,000).

My department was represented on these occasions and, where appropriate, evidence was given in support of the schemes. In the case of the Amble proposals, formal objection was, however, made by the County Council to the development of a further underground source by the Urban District Council on the grounds that the additional water required for their undertaking would be better secured by their participation in the proposed Coquet Water Board Scheme. This view was subsequently upheld by the Ministry and the application was refused.

Work in Progress.

The following are details of work in progress in the County during the year, with some indication of the stage reached by 31st December :—

District.	Scheme.	Progress.
Bedlingtonshire U.D.	Water main extension to Cambois Power Station	Practically complete.
Bellingham R.D.	Sewerage and sewage disposal scheme, Birtley	75% completed.
	Water supply scheme, Kirkwhelpington	60% completed.
Glendale R.D.	Regional water supply scheme, part of Stage I (from intake to new storage reservoir)	90% completed.
Hexham R.D.	Sewerage and sewage disposal scheme, Whittington	80% completed.
Castle Ward R.D.	Main drainage scheme, Ponteland and district, Stage I. Phases I and III	completed.
	Phase II	80% completed.

Schemes Completed During Year.

District.	Scheme.	Month.
Amble U.D.	New water main to Links Estate	July.
Ashington U.D.	Sewerage and sewage disposal scheme, Bothal village	February.
Prudhoe U.D.	Additions to sewage disposal works, Prudhoe	May.
Alnwick R.D.	Sewerage and sewage disposal works, Shilbottle	January.
Belford R.D.	Sewerage scheme, North Sunderland	March.
Bellingham R.D.	Water supply scheme, Rochester	July.
Hexham R.D.	Water supply scheme, Whittington	February.
	Sewerage and sewage disposal scheme, Simonburn	October.
Castle Ward R.D.	General district water supply scheme by Newcastle and Gateshead Water Company	February.

MILK.

Examination of Milk for Tuberculosis.

Sampling of milk for biological testing was continued during the year by the various local authorities in the county. The number of positive results recorded was 7, this being the highest total for any year since 1953, and altogether 8 cows were slaughtered under the Tuberculosis Order as a result. In one case attention was directed to the herd concerned as a result of 3 clinical cases of non-pulmonary tuberculosis occurring in children from the district and a biological sample confirmed the presence of tubercle in the milk of which a considerable proportion was being sold untreated. The District Medical Officer of Health promptly availed himself of his powers under Section 20 of the Milk Regulations, 1949, and had the whole of the supply diverted for pasteurisation. Fortunately the district where this occurred will be included in the new specified area for the sale of designated milk, referred to later in this report, so further trouble from this source is unlikely. However, an incident such as this, coupled with the increase in positive sample results for the year, shows the necessity for vigilance and the continuance of sampling until Northumberland has become a fully attested area. This ideal is happily now within sight; information was received at the end of the year that the Area Eradication Plan was to be extended to this County, with compulsory testing of all non-attested herds and slaughtering of reactors by, it is hoped, 1960.

Hospital Dairy Farms.

As requested by the Ministry of Health, periodical sampling of milk produced on Hospital Dairy Farms was again carried out at the following premises:—

Prudhoe Hall, East Park Farm.

St. George's Hospital, East Cottingwood Farm, Morpeth.

St. Mary's Hospital Farm, Stannington.

Thirty-six samples were taken by my department and submitted to the Public Health Laboratory for Methylene Blue Test, two failures being recorded. Twelve of the samples were also examined biologically for B. Tuberculosis and Brucella Abortus with negative results.

Copies of all these reports were forwarded to the Ministry of Health.

Food and Drugs Act, 1955.

Milk (Special Designation) (Raw Milk) Regulations, 1949–1954.

The following figures obtained from the County Agricultural Executive Committee show that the numbers of attested dairy herds and tuberculin tested milk licences continued to increase:—

		31st Dec., 1957.	31st Dec., 1956.
Attested and Tuberculin Tested	...	604	548
Attested not Tuberculin Tested	...	347	351

Comparing these figures with the total number of registered dairy farms in the County, viz. 1,113, it will be seen that 54% of the producers now hold tuberculin tested licences and 85% have attested herds. The comparable figures for 1956 were 47% and 77%.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.

PASTEURISED MILK.

The number of pasteurisers' licences in force in the county at the end of the year remained at 6, and the total quantity of milk treated was over 24,000 gallons per day. Four of the firms were also licensed to bottle "Tuberculin Tested (Pasteurised)" milk and some 8,000 gallons of the daily total were sold under that designation.

The dairies concerned were regularly inspected by the County Health Inspector, and samples of treated milk were taken for Methylene Blue and Phosphatase tests. Washed bottles were also taken from time to time for bacteriological examination.

Number of inspections made	...	...	187
Number of samples taken at dairies	...	...	233

One sample submitted to the Methylene Blue test was declared void because of high atmospheric temperature. The remainder of the samples satisfied both the Methylene Blue test for keeping quality and the Phosphatase test showing that heat treatment had been correctly carried out.

The pasteurising plants, which are all on the H.T.S.T. system, were maintained in satisfactory condition, such minor defects as were brought to the notice of the dairy managers being quickly dealt with.

Some difficulty was experienced at one dairy in obtaining satisfactory bacteriological counts in washed bottles. The standard used for assessing the cleanliness of these bottles is

purely an advisory one and has no force of law, so that such failures cannot be dealt with by legal action. A considerable amount of time was spent investigating and advising on this matter which was still under review at the end of the year.

One or two cases seem to come to the notice of the department each year of milk delivered in visibly dirty bottles or bottles containing foreign bodies. The number of such offences is not large when it is realised that over 70 million bottles are washed and filled annually in the dairies in the county. Warnings, written or verbal, were given in those instances where it seemed appropriate, no case being sufficiently serious to warrant a prosecution. Whilst the greatest vigilance is necessary at the dairies, and any relaxation of this cannot be condoned, it must be admitted that the number of such incidents would be greatly reduced if more care were taken of milk bottles by the public. The law provides for penalties against dairymen, but the authority can neither punish, nor in many cases even detect, the real culprit, the consumer who has allowed a returnable food container, not his own property, to become so fouled that the normal washing process is unable completely to cleanse it.

STERILISED MILK.

Two plants were licensed for milk sterilisation and the demand for the product has continued to rise. Both firms at present carry out the process on the batch system but plans have been drawn up by one of them for the installation of a continuous sterilising plant incorporating the new ultra-high-temperature treatment. By the end of the year a start had been made on the necessary ancillary building work. The readiness to embark on a project involving such a large capital outlay shows the increasing interest in this grade of milk. 59 visits of inspection were made to the plants during the year and 53 samples taken at the dairies all satisfied the Turbidity Test. In view of the limited value of this statutory test occasional samples were also submitted for plate count and all showed that a satisfactory standard was being maintained.

SPECIFIED AREA.

The extreme south-east of the county has been, since December 1953, a "specified area" within which the sale of undesignated milk is no longer permitted. Some 3% of the area of the county is involved and about one-half of the total population. Towards the end of the year preliminary notice was received from the Ministry of Agriculture, Fisheries and Food of their intention to extend this area further into the county during 1958 so as to cover altogether some 38% of the county's territory containing

about 82% of the population. No undue difficulty has been experienced during the four years of operation of the original scheme and this new extension is welcomed.

Milk in Schools Scheme.

Set out below are details of the supply of milk under the above scheme to all schools, county and non-maintained, as at 31st December, 1957 :—

Grade of Milk.				No. of Schools.	Percentage of Schools.	Percentage of Pupils.
Pasteurised	...	...	...	328	83·2	95·2
Tuberculin Tested	...	...	...	42	10·7	3·4
Ungraded	...	...	...	15	3·8	1·2
No fresh milk	...	...	...	9	2·3	0·2

It is to be regretted that these figures show for the first time a reduction in the number of schools receiving pasteurised milk. This was due to the operation of the principle of competitive tendering, a lower offer being received for a small block of 6 schools from a supplier of tuberculin tested milk. A case was made out for the continuance of a pasteurised supply, but the circumstances were such that it was ruled that the change must be made. While the schools concerned are still receiving a safe milk from the point of view of tubercular infection, the first preference should always be for the complete protection offered by pasteurisation and the aim should be as near as possible 100% pasteurised milk throughout the whole scheme. The record until now has been of continued progress in that direction though at a slower rate than one would like to see because of the difficulties encountered in a scattered county like Northumberland. (There are, for example, 90 schools for which no tenders are ever received and supplies to these establishments have to be a matter of arrangement).

There has been a small but welcome reduction in the amount of undesignated milk supplied, but no change in the number of schools unable to obtain any fresh milk at all. Of the 9 schools so placed all but one were receiving flavoured milk tablets. There seemed little prospect of making any better arrangement in these cases, all of them small isolated country schools, only a few pupils being involved.

All new sources of supply were subject to prior approval by the department and regular samples from all sources were taken for examination, particular attention being paid to those schools receiving raw milk, in which cases routine biological testing was also carried out.

Altogether there were 77 different firms or individual dealers supplying school milk, but the number of actual sources of supply was 48. Less than 2% of the total milk was provided otherwise than in $\frac{1}{3}$ -pints with straws, and again this was confined to small schools in remote districts. A spot check made during October revealed that 83.1% of school children were making use of the service under the scheme.

ICE CREAM.

Ice Cream (Heat Treatment, etc.) Regulations, 1947-1952.

Details of the samples submitted by the various county districts for bacteriological examination will be found in Table 24 from which it will be seen that a satisfactory standard has been maintained.

Out of 332 samples taken, an increase of 67 over the 1956 figure, 74.4% were classified in Grade I and 86.2% in Grades I and II combined (the Public Health Laboratory Service suggests that, taken over a period, a reasonable standard should be 50% Grade I and 80% Grades I and II combined). Only 7.5% were reported as Grade IV.

An analysis of the results obtained over the past five years shows 72% occurring in Grade I, 84% in Grades I and II together and 9.4% in Grade IV. It must be recorded that 10 districts again failed to submit any samples for examination during the year.

FOOD AND DRUGS ACT, 1955.

REPORT BY MR. C. L. ARLIDGE.

During the year ended 31st December, 1957, the County Sampling Officers procured a total of 2,437 samples under the provisions of the Food and Drugs Act and the Preservative Regulations.

The samples may be summarised as follows :—

Sample.	Total number analysed.
Bacon	2
Baking Powder	8
Beer... ..	7
B.P. Official Preparations and Household Medicaments	54
Bread	17
Butter and Margarine	36
Cream	29
Cake and Pudding Mixtures	6
Cereals	24
Cheese and Cheese Spread	22
Coffee and Coffee and Chicory Essence	15
Condiments, Sauces, Flavourings, Pickles, etc. ...	63
Condensed Milk	11
Custard Powder	11
Canned Fruit and Vegetables	20
Christmas Puddings	2
Dried Fruit	9
Fish and Fish Cakes	35
Flour	7
Flour Confectionery	15
Gelatine	2
Ground Almonds	9
Ice Cream	48
Jams, Marmalades, Syrups, etc.	59
Lard, Cooking Fat, etc.	30
Meat Products (Open and Tinned)	60
Milk	1,335
Marzipan	9
Mincemeat	11
Pastes (Meat and Fish)	17
Sausages (Pork, Beef, Liver, Vienna, Smoked, Cambridge, Frankfurter)	98
Soft Drinks	68
Soups and Broth	28
Spirits (Gin, Rum, Whiskey)	31
Sugar Confectionery	75
Sugar and Icing Sugar	10
Table Jellies	13
Tea	15
Vinegar	31
Wines	8
Miscellaneous (Unclassified samples)	87
Total ...	<u>2,437</u>

The following samples were reported by the Public Analyst to be sub-standard or otherwise unsatisfactory :—

Article.		Analyst's Report.			Action taken.
Potted Meat	...	Contained	8.28%	excess water	See paragraph below.
Milk	...	Contained	3%	added water	Farmer granted Conditional discharge on payment of £4 8s. 0d. Costs.
Pork Sausages	...	3%	deficient in meat content		See paragraph below.
Potted Meat	...	Contained	7%	excess water	See paragraph below.
Pork Sausages	...	8.8%	deficient in meat content		See paragraph below.
Zinc and Castor Oil Cream		23%	deficient in Zinc Oxide		Manufacturers cautioned.
Pork Sausages	...	4.6%	deficient in meat content		See paragraph below.
Butternuts	...	Contained only	2.85%	of butterfat	Manufacturers cautioned.
Victoria Plums	...	{	Not Victoria Plums but an inferior variety		See paragraph below.
Victoria Plums	...				
Pork Sausages	...	Contained a preservative, the presence of which was not declared			Vendor cautioned.
Milk	...	Fat 3.4%	Solids 8.3%	...	{ The Freezing Point showed the milk to be as given by the Cows.
Milk	...	Fat 3.1%	Solids 8.2%	...	
Milk	...	Fat 2.7%	Solids 8.25%	...	
Milk	...	Fat 3.3%	Solids 8.35%	...	
Milk	...	Fat 3.3%	Solids 8.88%	...	
Milk	...	Fat 2.9%	Solids 8.25%	...	
Milk	...	Fat 2.8%	Solids 8.25%	...	
Milk	...	Fat 3.4%	Solids 8.4%	...	
Milk	...	Fat 2.7%	Solids 8.3%	...	
Milk	...	Fat 2.8%	Solids 8.6%	...	
Milk	...	Fat 2.1%	Solids 7.81%	...	
Milk	...	Fat 2.65%	Solids 7.96%	...	
Solution of Hydrogen Peroxide		45%	deficient in Hydrogen Peroxide		Old Stock. Manufacturing Chemists requested to date stamp their products
Chocolate Whipped Cream Snowballs		" Cream filler "	contained fat other than milk fat		Manufacturers agreed to amend the description.
Bread and Butter	...	Bread and Margarine		...	Café Proprietor fined £5 and £2 2s. 0d. Costs.
Pork Sausages	...	13.8%	deficient in meat content.		See paragraph below.
Mixed Cereals	...	Consisted of Cereals and Pulses			Manufacturers agreed to amend description

Article.	Analyst's Report.	Action taken.
Beef Sausages ...	Contained a preservative which was not declared to the purchaser	Vendor cautioned.
Pineapple Chunks...	Description misleading as article consisted of boiled sugar and flavouring	Manufacturers agreed to amend description.
Potted Meat ...	Contained 9% excess water...	See paragraph below.
Luxury Margarine	Description misleading as the article is consistent with Margarine of normal quality	See paragraph below.
Pork Sausages ...	10% deficient in meat content	See paragraph below.
Pork Sausages ...	Contained preservative, the presence of which was not declared	Vendor cautioned.
Pork Sausages ...	7.4% deficient in meat content	See paragraph below.
Ground Almonds	Contained 10% Ground Cashew Nuts	Retailer cautioned.

In the absence of a statutory standard and in view of decisions given by the High Court in appeal cases heard in recent years, it was decided not to institute legal proceedings in respect of meat products with a meat content which fell below the figure which the Public Analyst was of opinion should be present. In the case of sausages adversely reported on, the manufacturers were requested to amend their recipes so as to provide for a meat content of not less than 65% in the case of pork sausages and 50% in beef sausages.

Sausages are one of the few articles of food that are permitted to contain a preservative but notice of the presence of the preservative must be given to the retail purchaser at the time of the sale. The article must either be labelled to that effect or a notice that the article contains preservative must be exhibited in a conspicuous place so as to be easily readable by a customer. During the year three samples of sausages were found to contain preservative although no notice to that effect had been either given or exhibited. Cautions were given in respect of these offences.

Three samples of potted meat, more properly described as "potted head" were reported to contain an excess quantity of water. As in the case of sausages, there is no statutory standard for this product. The manufacturers were instructed, therefore, to reduce the quantity of stock poured into the setting moulds.

Only one case of adulteration of milk, by the addition of water, was detected during the year. This is the lowest figure ever recorded in the history of the department. The remainder of the unsatisfactory samples of milk consisted entirely of milk which whilst below the presumptive minimum standards of 3% for fat and 8.5% for non-fatty solids, was milk genuinely produced by the cows. Natural variations in the composition of milk have been commented upon in previous reports and the samples adversely reported upon were of low standard by reason of one or more of the accepted causes, i.e. breed of cow, the season of the year or unequal intervals between morning and afternoon milking.

Previous requirements of the Defence (Sale of Food) Regulations, 1943, have now been embodied in permanent form in the Food and Drugs Act, 1955, and the scrutiny of labels and advertisements for false or misleading statements has continued. Representations have been made to several manufacturers and advertisers with the result that suitable amendments have been made.

Following the receipt of information concerning cans of "Victoria" plums offered for sale by a well-known multiple firm, purchases were made at branches in this county. An examination revealed that the plums were not "Victorias" but an inferior variety. As the offence of applying the false trade description had taken place at the cannery it was decided that proceedings should be instituted by the local authority in whose area the cannery was situated. Fines and costs amounting to over £580 were imposed and the multiple concern returned the whole of the unsold stock to the canners.

**NATIONAL ASSISTANCE ACT, 1948 (Sections 29 and 30).
WELFARE OF HANDICAPPED PERSONS.**

Blind and Partially Sighted.

REGISTRATION.

During the year ophthalmologists examined 214 patients under the Council's Scheme and 98 were newly certified as blind. These included 3 children under 5, an 8 years old boy, 5 between the ages of 16 and 49, 15 in the 50—64 age group and 74 over 65 years of age. 61 newly registered as partially sighted comprised 5 children of school age, 3 between 16 and 49 years, 7 in the 50—64 group and 46 over 64 years.

One third of the newly registered were referred to the department in the first place by ophthalmologists and medical practitioners, one third by officers of the National Assistance Board and the other third by other lay sources.

The aggregate number of blind and partially sighted persons registered on 31st December, 1957, showed an increase of 44 compared with 1956.

The age groups of the persons registered were :—

		BLIND.			PARTIALLY SIGHTED.		
		Males.	Females.	Total.	Males.	Females.	Total.
Under 5	...	2	5	7	2	2	4
5—15	...	8	3	11	18	9	27
16—20	...	7	3	10	4	2	6
21—49	...	57	48	105	19	12	31
50—64	...	77	65	142	13	17	30
65 plus	...	191	258	449	56	117	173
		<u>342</u>	<u>382</u>	<u>724</u>	<u>112</u>	<u>159</u>	<u>271</u>

Cataract remained the primary cause of blindness and defective vision. Nine of the blind patients with cataract had not sought specialist advice prior to certification but six of these were too old and frail for treatment. Of 9 partially sighted with this condition who had sought no previous advice, 5 were recommended to have operative treatment or hospital supervision.

All the patients who were certified blind as a result of glaucoma had received treatment or specialist advice before being referred to the department but one partially sighted patient with glaucoma had refused to let her doctor arrange specialist consultation for her.

It is encouraging to note that no child has been certified blind or partially sighted as a result of retrolental fibroplasia since 1955. The primary causes of blindness of the three children registered were optic atrophy and congenital cataract, while congenital nystagmus, optic atrophy and corneal scarring accounted for the registration of the 5 partially sighted children.

The following table summarises the causes, recommendations and treatment of patients certified during the year :—

	Cataract.		Glaucoma		Others.	
	Blind	P.S.	Blind	P.S.	Blind	P.S.
Number of cases registered during year, (including re-registrations)	35	19	11	3	52	39
Recommendations—						
(a) No treatment	9	7	3	1	37	15
(b) Treatment recommended—						
Surgical	25	7	3	—	3	—
Medical or hospital	1	4	5	2	11	19
Optical	—	1	—	—	1	5
Follow up—						
Undergone treatment—						
Surgical	7	1	—	—	1	—
Medical or hospital supervision	—	3	4	2	10	19
Optical	—	1	—	—	1	5
Considered by medical practitioner to be inadvisable on medical grounds or not carried out for health reasons ...	4	1	2	—	—	—
Willing to have operative treatment when eyes are ready or bed becomes available ...	13	5	—	—	2	—
Died or left County	2	—	1	—	—	—
Not agreeable for treatment or undecided	—	1	1	—	1	—

HOME TEACHERS.

The staff paid an aggregate of 8,856 visits to and on behalf of the blind, 693 visits being paid to give instruction in Braille, Moon and crafts. Home teachers also taught crafts at six centres conducted fortnightly in various parts of the county. These centres provide a form of rehabilitation especially for the newly blinded, who by learning and working among other blind and partially sighted people often regain confidence.

DEAF AND HARD OF HEARING BLIND.

On 31st December, 15 deaf-blind were registered, 6 of whom were without speech. 106 were classified as hard of hearing.

During the summer a party of 5 deaf and 2 guides in charge of a home teacher spent a week's holiday at New Brighton in company with deaf blind from other areas, the reservations being arranged by the North Regional Association for the Blind.

The holiday was particularly helpful for the party from Northumberland because some came from rural areas and their opportunities of meeting people with similar handicaps are few.

SOCIAL WELFARE.

The department arranged for 13 blind persons to go to holiday homes for the blind. Five women and two men were sent for a course of social rehabilitation at Oldbury Grange, Bridgnorth, and America Lodge, Torquay. The need of these people was social and personal adjustment and the average period of each course was thirteen weeks.

Eleven voluntary committees for the blind continued to function and arrange social activities for the blind in their respective areas. In nine districts home teachers and voluntary committees co-operated in conducting weekly or fortnightly clubs where dominoes, music, talks and other activities were enjoyed. Two other voluntary committees catering for both blind and generally handicapped in the North and West also arranged outings and parties. Four joint outings catering for the blind over the whole county were arranged by the department in co-operation with voluntary committees. Grants to each voluntary committee, radio repairs, chiropody treatment and miscellaneous small grants for specific purposes were provided out of the Blind Persons' Trust Fund. During the year 50 additional radio or relay services were allocated to blind persons by the department on behalf of the British Wireless for The Blind Fund and 52 certificates enabling blind persons to obtain free wireless licences were issued.

TRAINING, EMPLOYMENT AND INDUSTRIAL REHABILITATION.

None of the blind registered during the year was available for and capable of full-time employment.

The employment position of the blind at the end of December was as follows :—

Employed in Workshops for the Blind ...	...	...	27
Employed under Home Workers Scheme	...	...	2
Employed in other capacities	...	...	25
Undergoing training (sheltered)	...	...	2
Undergoing training (open)	...	...	3
Trained but unemployed (sheltered)	...	...	2
Suitable for employment without training	...	...	2
Suitable for employment if trained (sheltered)	...	...	1
Not available for employment—16-59 years	...	...	47
Not available for employment—60-64 years	...	...	14
Not capable of work—16-59 years	...	...	84
Not capable of work—60-64 years	...	...	47
At school—over 16 years.	...	...	2
			<hr/> 258 <hr/>

NICHOLAS GARROW HOME.

Since the home was opened nearly ten years ago the average age of the residents has shown an increase, 2 being over 90 years of age and 10 between 80 and 90 in December. The department is grateful to clergymen and preachers and also voluntary artistes for conducting services and providing entertainment in the home as well as to members of Morpeth Rotary Club for taking some of the blind to church each Sunday.

During the year 6 permanent residents were admitted and, in addition, 12 blind people spent a holiday in the home.

BLIND IN HOSPITALS AND HOMES.

In December 15 blind people were resident in other county establishments, 2 were in private homes and 40 were permanent patients in hospital. Home teachers continued to visit and take an interest in them.

BLIND AND PARTIALLY SIGHTED CHILDREN.

Two children attended Condover Hall School for blind children with other defects, while 4 attended other schools for the blind. A three-years old boy was admitted to Ellen Terry Home for a trial period. Other details are given in Table 28.

Deaf and Hard of Hearing.

There was no change in the scheme described in 1956.

On 31st December the numbers of persons registered as deaf and hard of hearing were as follows :—

Registration.				Under		65 and	Total.
				16	16—64	over.	
Deaf	...	...	...	74	153	20	247
Hard of Hearing	...	...	...	4	26	8	38
				78	179	28	285

SOCIAL AND WELFARE.

There was a slight decrease in the number of visits paid by the Mission's staff during the year as compared with the previous year, visits as follows being paid :—

Homes.	Hospitals.	To and on behalf of deaf.	Total.
419	359	218	996

Number of visits paid by home teachers—135.

EMPLOYMENT.

The Mission's staff was responsible for 11 employment placements including 6 school leavers and a girl following three years' vocational training. One man was accepted for vocational training by the Ministry of Labour and National Service.

SOCIAL WELFARE.

A monthly visitation to the deaf in hospitals for the mentally deficient and mentally disordered was commenced. The club at Blyth continued to function and an outing to Dumfries was held on Whit Monday. Some deaf living in areas adjacent to Newcastle attended social activities there. Religious services were conducted at Newcastle, Blyth and Berwick.

Four people went to Scarborough for a free holiday organised by the North Regional Association for the Deaf. Fares were paid by the Mission. Nine people from the county were members of a party of deaf who had a week's holiday in Paris, which the Mission organised. During the period a visit was made to the club for the deaf in that city.

Other Handicapped Persons.

REGISTRATIONS AND VISITS.

The register of generally handicapped showed a further increase during the year, 505 being registered in December as compared with 491 the preceding December. There were 53 new registrations, 19 deaths and 20 transfers or miscellaneous removals from the register.

The generally handicapped were classified in accordance with the letter code used by the Ministry of Labour and National Service as follows :—

A/E	Amputation	...	...	...	...	...	27
F	Arthritis and Rheumatism	...	...	...	...	...	58
G	Congenital Deformities	...	...	...	...	...	40
H/L	Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin :—						
	Asthma	...	...	...	...	...	7
	Bronchitis and Bronchiectasis	...	...	...	...	...	6
	Valvular disease of the heart, angina pectoris, cardiac degeneration, myocarditis, rheumatic heart, mitral stenosis...	...	...	...	...	...	38
	Gastric and duodenal ulcers	...	...	...	...	...	3
	Miscellaneous	...	...	...	...	...	2
						—	56
Q/T	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper or lower limbs and of the spine :—						
	Paralysis due to injury or disease; paraplegia	...	...	...	...	...	39
	Osteomyelitis	...	...	...	...	...	5
	Muscular atrophy, dystrophy	...	...	...	...	...	8
	Miscellaneous injuries	...	...	...	...	...	40
						—	92
V	Organic nervous diseases :—						
	Disseminated sclerosis	...	...	...	...	...	39
	Epilepsy	...	...	...	...	...	46
	Lateral sclerosis	...	...	...	...	...	1
	Parkinson's disease	...	...	...	...	...	6
	Post poliomyelitis	...	...	...	...	...	37
	Cerebral palsy	...	...	...	...	...	48
	Cerebral thrombosis, hemiplegia	...	...	...	...	...	18
	Encephalitis lethargica	...	...	...	...	...	4
	Miscellaneous	...	...	...	...	...	7
						—	206
U/W	Neurosis, psychosis and other nervous and mental disorders (not included in V)						16
Y	Tuberculosis (non-respiratory)						5
Z	Miscellaneous						5
						—	505
						—	

Officers of the department paid an aggregate of 1,793 visits during the year compared with 1,650 in 1956.

SOCIAL WELFARE.

The Council paid for or assisted with the cost of structural alterations for nine handicapped people to help them either inside or outside their homes. Advice was also given upon suitable aids, adaptations and appliances which were in some instances provided by the Council. Arrangements were made for three men, one a spastic and two who suffered from disseminated sclerosis, to be admitted to Cheshire Homes.

Bedlington, West Northumberland and Berwick Voluntary Committees arranged monthly club meetings and other activities for the handicapped in their respective areas, the last two committees also catering for the blind. It is the policy of the Council to encourage voluntary effort and the activities arranged by these committees are of invaluable help. The club meetings give the handicapped opportunities of meeting each other and also, in the case of the more housebound, an interest outside their homes.

Towards the end of the year, through the department, a new voluntary committee was inaugurated at Blyth.

During the summer the department sent a party of fifteen young handicapped people to spend a week on holiday at Westgate-in-Weardale through the courtesy of the Durham Association of Mixed Clubs. The West Northumberland Voluntary Committee arranged for several of the members of their St. Raphael Club to spend a holiday at the Gorleston-on-Sea Holiday Camp and a party from the Wallsend Club for Disabled had a week's holiday at Thropton. The Council contributed financially towards the costs of these holidays but great credit is due to the voluntary helpers who accompanied these parties and organised the holidays.

Several handicapped children from the County area again spent an enjoyable camping holiday at Rothbury as the guests of the Junior British Red Cross Society County Branch.

TRAINING AND EMPLOYMENT.

Two registered handicapped were accepted for employment with Remploy Limited. Four men commenced employment, two as clerks, one in tailoring and one as a car park attendant. Another was able to return to his old firm following a period of rehabilitation. The welfare visitor succeeded in finding work for a 17 years old girl who had spent a period at Egham Rehabilitation Centre. Two men were accepted for courses of training at Finchale Abbey Training Centre and a woman for a course of rehabilitation.

OCCUPATIONAL THERAPY.

Occupational therapy continued to play an important part in the welfare of the generally handicapped. Two occupational therapists employed by the Health Department devoted a proportion of their time to the generally handicapped and towards the end of the year a part-time therapist was appointed. During the twelve months ended 31st December, 1,288 visits were paid to 128 patients. The learning and mastering of one or two crafts gave many of the handicapped a feeling of achievement, personal confidence and an interest in life.

EPILEPTICS AND SPASTICS.

The names of two epileptics were added to the register during the year and in December the number of adult epileptics registered was 46 and, in addition, there were 47 children comprising 7 attending special schools, 20 at ordinary schools, 5 awaiting admission to special schools, and 15 who were ineducable. One woman left an epileptic colony to return home during the year and in December the Council was maintaining 5 epileptics in colonies or voluntary homes.

The number of spastics over 16 registered increased by 4 during the year. 48 adult spastics were registered on the 31st December, and in addition to this number, there were 52 children comprising 9 attending special schools, 25 attending ordinary schools, 4 receiving home tuition and also 14 ineducable. The Council maintained 2 spastics in Cheshire Homes.

TABLES
of
STATISTICS
1957

TABLE 1.

ADMINISTRATIVE COUNTY OF NORTHUMBERLAND.

POPULATION—YEAR 1957.

BOROUGHs :—

Berwick-upon-Tweed	...	...	...	...	...	12,670
Blyth	...	...	...	...	...	34,440
Morpeth	...	...	...	...	...	11,050
Wallsend	...	...	...	...	...	49,830
Whitley Bay	...	...	...	...	...	32,520
						<hr/> 140,510

URBAN DISTRICTS :—

Alnwick	...	...	...	...	...	7,320
Amble	...	...	...	...	...	4,810
Ashington	...	...	...	...	...	28,370
Bedlingtonshire	...	...	...	...	...	29,180
Gosforth	...	...	...	...	...	24,990
Hexham	...	...	...	...	...	9,390
Longbenton	...	...	...	...	...	43,210
Newbiggin-by-the-Sea	...	...	...	...	...	10,060
Newburn	...	...	...	...	...	25,780
Prudhoe	...	...	...	...	...	9,960
Seaton Valley	...	...	...	...	...	26,220
						<hr/> 219,290

RURAL DISTRICTS :—

Alnwick	...	...	...	...	...	12,470
Belford	...	...	...	...	...	5,030
Bellingham	...	...	...	...	...	5,330
Castle Ward	...	...	...	...	...	18,690
Glendale	...	...	...	...	...	7,470
Haltwhistle	...	...	...	...	...	7,320
Hexham	...	...	...	...	...	19,980
Morpeth	...	...	...	...	...	18,070
Norham and Islandshires	...	...	...	...	...	4,220
Rothbury...	...	...	...	...	...	5,520
						<hr/> 104,100

Tota's ...

463,900

TABLE 2.
POPULATION—DISTRIBUTION FOR PURPOSES OF
AREA ADMINISTRATION.

AREA.				POPULATION.
North No. 1	...	...		29,390
North No. 2	...	...		30,120
Central	...	...		67,550
East...	...	...		63,620
South	...	...		82,117
South East...	...	...		101,950
West	...	...		39,323
Wallsend	...	...		49,830
TOTAL				463,900

TABLE 3.
VITAL AND MORTALITY STATISTICS.

YEAR.	Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Principal Infectious Diseases death rate per 1,000 living.	Death rate from Respiratory Tuberculosis per 1,000 living.
1898	30.88	17.44	169.80	1.99	1.32
1899	31.46	17.71	173.88	2.29	1.27
1900	31.24	17.53	160.31	1.73	1.38
1901	33.22	18.72	183.57	2.80	1.25
1902	32.76	16.63	126.90	1.40	1.25
1903	32.58	16.81	145.43	1.58	1.19
1904	29.42	17.12	168.69	1.99	1.17
1905	30.41	15.01	133.57	1.26	1.02
1906	29.09	14.52	136.28	1.51	1.04
1907	28.25	13.51	112.93	1.03	1.00
1908	29.46	14.82	146.41	1.28	0.95
1909	28.43	13.39	106.99	1.03	1.01
1910	26.91	12.99	114.73	1.01	0.93
1911	27.48	13.96	136.79	1.94	0.98
1912	27.05	12.98	93.80	1.02	0.86
1913	26.43	13.61	111.39	1.28	0.91
1914	26.61	13.31	113.78	1.33	0.91
1915	24.42	15.82	122.00	2.04	1.03
1916	21.91	13.75	101.00	0.84	1.10
1917	20.39	13.60	101.00	0.97	1.06
1918	21.54	17.26	101.00	1.07	1.22
1919	22.14	14.11	102.00	0.92	0.97
1920	28.30	12.89	90.00	0.76	0.92
1921	25.50	12.42	95.00	1.01	0.87
1922	22.54	12.72	87.00	0.41	0.88
1923	22.56	11.33	76.00	0.74	0.85
1924	22.18	12.06	83.00	0.40	0.82
1925	20.88	11.63	82.00	0.67	0.78
1926	20.02	11.37	77.00	0.53	0.73
1927	17.90	11.53	77.00	0.27	0.81
1928	18.37	11.39	67.00	0.28	0.68
1929	16.79	12.22	81.00	0.65	0.74
1930	17.13	11.02	62.00	0.23	0.78
1931	16.66	12.24	77.00	0.41	0.75
1932	15.94	11.33	67.00	0.25	0.68
1933	15.42	11.93	71.00	0.31	0.65
1934	15.48	11.78	69.00	0.43	0.60
1935	15.60	11.67	71.00	0.32	0.53
1936	15.26	12.02	70.00	0.30	0.55
1937	15.16	12.67	66.00	0.26	0.54
1938	15.00	11.76	64.00	0.31	0.40
1939	14.80	11.84	55.50	0.20	0.52
1940	15.00	12.44	59.00	0.17	0.55
1941	15.07	12.84	74.00	0.25	0.51
1942	16.39	11.59	54.00	0.20	0.39
1943	17.61	12.50	56.00	0.18	0.51
1944	19.87	12.16	48.00	0.21	0.50
1945	17.58	12.24	50.00	0.17	0.47
1946	19.74	11.98	48.00	0.13	0.49
1947	20.66	12.14	43.00	0.13	0.44
1948	18.04	11.13	40.00	0.09	0.43
1949	17.52	11.92	36.00	0.08	0.37
1950	16.69	12.24	36.60	0.08	0.28
1951	16.46	12.58	32.49	0.07	0.24
1952	16.08	11.25	29.37	0.08	0.17
1953	16.90	11.78	28.46	0.08	0.16
1954	16.26	12.23	27.03	0.06	0.15
1955	16.34	12.06	26.75	0.05	0.15
1956	16.51	11.87	25.80	0.03	0.11
1957	16.68	11.49	23.51	0.05	0.06

TABLE 4.
GENERAL STATISTICS.

	NUMBERS.			RATES.		
	Boro's and Urban Districts.	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
Population	359,800	104,100	463,900	—	—	—
Births (Live)	6,115	1,625	7,740	17.00	15.61	16.68
Legitimate	5,932	1,575	7,507	16.49	15.13	16.18
Illegitimate	183	50	233	0.51	0.48	0.50
				(Per 1,000 population)		
Births (Still)	163	38	201	25.96	22.85	25.31
Legitimate	158	37	195	25.94	22.95	25.32
Illegitimate	5	1	6	26.60	19.61	25.10
				(Per 1,000 registered births)		
Births (Live and Still)	6,278	1,663	7,941	17.45	15.98	17.11
Legitimate	6,090	1,612	7,702	16.93	15.49	16.60
Illegitimate	188	51	239	0.52	0.49	0.51
				(Per 1,000 population)		
Deaths (Total)	4,008	1,323	5,331	11.14	12.71	11.49
				(Per 1,000 population)		
Deaths of Infants under 1 year of age	147	35	182	24.04	21.54	23.51
Legitimate	142	33	175	23.94	20.95	23.31
Illegitimate	5	2	7	27.32	40.00	30.04
				(Per 1,000 live births)		
Deaths of Infants under 4 weeks of age	105	26	131	17.17	16.00	16.93
Legitimate	101	24	125	17.03	15.24	16.65
Illegitimate	4	2	6	21.86	40.00	25.75
				(Per 1,000 live births)		
Maternal Deaths	5	1	6	0.80	0.60	0.76
				(Per 1,000 births—live and still)		

Births. Deaths.

Comparability Factors 0.99 1.09

Rates per 1,000 population after
adjustment 16.51 12.52

TABLE 5.
BIRTHS (LIVE AND STILL).

COUNTY DISTRICTS.	LIVE.					STILL.					Total Births— Live and Still.
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs :—											
Berwick-upon-											
Tweed ...	122	141	3	9	275	3	5	—	—	8	283
Blyth ...	285	293	18	14	610	11	6	1	1	19	629
Morpeth ...	97	91	4	2	194	1	4	—	1	6	200
Wallsend...	514	466	10	20	1010	20	12	1	—	33	1043
Whitley Bay ...	223	214	12	7	456	4	7	—	—	11	467
Urban Districts :—											
Alnwick ...	71	61	4	2	138	2	—	—	—	2	140
Amble ...	40	37	—	2	79	—	1	—	—	1	80
Ashington ...	238	203	5	3	449	4	5	—	—	9	458
Bedlingtonshire	252	226	11	4	493	9	8	—	—	17	510
Gosforth ...	190	155	6	6	357	4	10	—	—	14	371
Hexham ...	76	63	5	3	147	2	2	—	—	4	151
Longbenton ...	363	350	5	8	726	5	7	—	—	12	738
Newbiggin-by-											
the-Sea ...	84	94	2	1	181	1	3	—	—	4	185
Newburn...	231	228	4	5	468	3	8	—	1	12	480
Prudhoe ...	68	78	1	1	148	2	2	—	—	4	152
Seaton Valley ...	206	172	2	4	384	1	6	—	—	7	391
Rural Districts :—											
Alnwick ...	110	78	2	1	191	6	2	—	—	8	199
Belford ...	32	34	—	—	66	2	—	—	—	2	68
Bellingham ...	46	58	3	2	109	1	—	—	—	1	110
Castle Ward ...	151	136	4	2	293	2	2	—	—	4	297
Glendale ...	53	44	—	—	97	—	—	—	—	—	97
Haltwhistle ...	49	51	2	3	105	2	1	—	—	3	108
Hexham ...	146	156	8	3	313	3	3	—	1	7	320
Morpeth ...	149	159	4	7	319	5	6	—	—	11	330
Norham and											
Islandshires ...	19	29	1	3	52	1	—	—	—	1	53
Rothbury ...	42	33	2	3	80	1	—	—	—	1	81
TOTALS ...	3857	3650	118	115	7740	95	100	2	4	201	7941

TABLE 6.
NOTIFICATIONS OF INFECTIOUS DISEASES.

COUNTY DISTRICTS.	Paratyphoid Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Measles.	Pneumonia.	Puerperal Pyrexia.	Acute Polio- myelitis.		Meningococcal Infection.	Food Poisoning.	Dysentery.	TOTALS.
									Paralytic	Non- Paralytic				
BOROUGHES.														
Berwick-upon-Tweed...	—	2	3	—	1	315	2	—	—	—	—	—	—	323
Blyth ...	—	11	56	—	7	859	9	2	2	—	—	2	203	1151
Morpeth ...	—	10	16	—	2	34	—	—	—	—	—	—	—	62
Wallsend ...	—	19	114	—	7	192	27	3	1	—	—	—	5	368
Whitley Bay ...	—	16	20	—	2	581	19	—	1	—	—	—	5	644
URBAN DISTRICTS.														
Alnwick ...	1	7	8	—	—	137	2	—	—	—	—	1	90	246
Amble ...	—	—	1	—	1	93	3	—	—	1	—	2	—	101
Ashington ...	—	9	125	—	—	335	5	—	1	—	—	5	15	495
Bedlingtonshire	—	19	77	—	1	747	10	—	—	—	1	11	7	873
Gosforth...	—	11	24	1	9	775	17	2	—	—	—	3	21	863
Hexham ...	—	8	1	—	1	102	9	—	—	—	—	—	3	124
Longbenton ...	—	51	92	—	2	1007	9	—	1	—	1	—	113	1276
Newbiggin-by-the-Sea	—	—	20	—	—	490	1	—	—	—	—	4	—	515
Newburn ...	—	12	44	—	5	508	41	2	3	—	—	—	71	686
Prudhoe ...	—	24	17	—	3	139	3	—	—	—	1	4	27	218
Seaton Valley ...	1	18	43	—	2	564	12	—	—	—	—	2	94	736
RURAL DISTRICTS.														
Alnwick ...	—	3	5	—	—	164	8	—	—	—	—	1	—	181
Belford ...	—	2	2	—	—	90	—	—	—	—	—	1	—	95
Bellingham ...	—	15	14	—	1	108	—	—	—	—	—	—	8	146
Castle Ward ...	—	12	20	—	2	369	8	7	—	—	—	—	15	433
Glendale...	—	—	95	—	1	98	6	—	—	—	—	—	1	201
Haltwhistle ...	—	7	40	—	—	199	11	—	—	—	—	—	—	257
Hexham ...	—	12	63	—	2	371	31	2	2	—	—	—	7	490
Morpeth ...	—	7	24	—	5	302	6	—	—	—	—	3	5	352
Norham and Islandshires	—	—	8	—	—	67	—	—	—	—	—	—	—	75
Rothbury ...	—	4	9	—	1	177	7	—	—	—	1	4	17	220
TOTALS ...	2	279	941	1	55	8823	246	18	11	1	4	43	707	11131

No cases of Smallpox, Enteric Fever, Acute Encephalitis, Ophthalmia Neonatorum or Malaria were notified during the year.

TABLE 7.
CLASSIFICATION OF DEATHS (Year 1957) ACCORDING TO DISEASE

	BOROUGH AND URBAN DISTRICTS.			RURAL DISTRICTS.			TOTAL COUNTY.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Tuberculosis (Respiratory)	19	6	25	—	1	1	19	7	26
Tuberculosis (Other) ...	—	5	5	—	2	2	—	7	7
Syphilitic Disease ...	13	2	15	1	1	2	14	3	17
Diphtheria ...	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	1	1	—	—	—	—	1	1
Meningococcal Infections ...	—	—	—	1	—	1	1	—	1
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—
Measles ...	1	—	1	—	—	—	1	—	1
Other Infective and Parasitic Diseases ...	6	2	8	3	1	4	9	3	12
Malignant Neoplasm—									
Stomach ...	87	46	133	20	19	39	107	65	172
Lung, Bronchus ...	108	15	123	30	5	35	138	20	158
Breast ...	—	61	61	—	21	21	—	82	82
Uterus ...	—	30	30	—	3	3	—	33	33
Other Malignant and Lymphatic Neoplasms ...	180	155	335	58	28	86	238	183	421
Leukaemia, Aleukaemia ...	11	8	19	6	3	9	17	11	28
Diabetes ...	9	16	25	1	9	10	10	25	35
Vascular Lesions of Nervous System ...	269	343	612	107	143	250	376	486	862
Coronary Disease, Angina Hypertension with Heart Disease ...	419	228	647	135	76	211	554	304	858
Other Heart Disease ...	28	46	74	13	11	24	41	57	98
Other Circulatory Disease...	299	390	689	125	137	262	424	527	951
Influenza ...	82	56	138	25	29	54	107	85	192
Pneumonia ...	23	14	37	4	7	11	27	21	48
Bronchitis ...	68	58	126	24	16	40	92	74	166
Other Diseases of Respiratory System ...	153	51	204	21	15	36	174	66	240
Ulcer of Stomach and Duodenum ...	19	7	26	4	3	7	23	10	33
Gastritis, Enteritis and Diarrhoea ...	18	9	27	9	—	9	27	9	36
Nephritis and Nephrosis ...	11	8	19	—	7	7	11	15	26
Hyperplasia of Prostate ...	20	17	37	6	6	12	26	23	49
Pregnancy, Childbirth, Abortion ...	23	—	23	7	—	7	30	—	30
Congenital Malformations ...	—	*5	5	—	1	1	—	6	6
Other Defined and Ill-Defined Diseases ...	29	19	48	7	4	11	36	23	59
Motor vehicle accidents ...	161	173	334	39	55	94	200	228	428
All other accidents...	26	11	37	13	4	17	39	15	54
Suicide ...	67	41	108	25	21	46	92	62	154
Homicide and operations of war ...	22	12	34	7	3	10	29	15	44
	2	—	2	—	1	1	2	1	3
TOTALS ...	2173	1835	4008	691	632	1323	2864	2467	5331

* Includes one at age 41 where interval between maternal condition and death was stated to exceed 12 months.

TABLE 8.

DEATH RATES AND DEATHS FROM CANCER
(EXCLUDING LEUKAEMIA AND ALEUKAEMIA)

YEARS 1940 TO 1957.

YEAR.	POPULATION.	NUMBER OF DEATHS.	RATE PER 1,000 POPULATION.
1940	411,400	648	1.58
1941	407,120	656	1.61
1942	398,300	635	1.59
1943	397,740	686	1.72
1944	390,320	725	1.86
1945	392,510	725	1.84
1946	412,080	712	1.73
1947	417,510	740	1.77
1948	431,850	750	1.74
1949	436,370	796	1.82
1950	438,310	768	1.75
1951	437,600	797	1.82
1952	438,300	843	1.92
1953	440,600	836	1.89
1954	445,900	871	1.95
1955	453,000	870	1.92
1956	459,800	874	1.90
1957	463,900	866	1.87

CANCER—YEAR 1957.

	POPULATION.	Total Deaths.		Death Rate per 1,000 Population.	
		Excluding Leukaemia and Aleukaemia.	Including Leukaemia and Aleukaemia.	Excluding Leukaemia and Aleukaemia.	Including Leukaemia and Aleukaemia.
Boroughs and Urban Districts	359,800	682	701	1.89	1.95
Rural Districts ...	104,100	184	193	1.77	1.85
Whole County ...	463,900	866	894	1.87	1.93

TABLE 9.
DEATHS FROM CANCER—YEAR 1957.

COUNTY DISTRICTS.	Population.	Stomach.	Lung, Bronchus.	Breast.	Uterus.	Other Malignant and Lymphatic Neoplasms.	Leukaemia and Aleukaemia.	TOTALS.		RATES PER 1,000 POPULATION	
								Excluding Leukaemia Aleukaemia.	Including Leukaemia Aleukaemia.	Excluding Leukaemia Aleukaemia.	Including Leukaemia Aleukaemia.
Boroughs—											
Berwick ...	12,670	4	2	2	—	16	—	24	24	1·89	1·89
Blyth ...	34,440	20	19	5	6	31	1	81	82	2·35	2·38
Morpeth ...	11,050	3	3	5	—	15	—	26	26	2·35	2·35
Wallsend ...	49,830	21	19	8	3	50	3	101	104	2·03	2·09
Whitley Bay	32,520	11	11	11	3	42	2	78	80	2·40	2·46
Urban Districts—											
Alnwick ...	7,320	4	1	—	1	8	1	14	15	1·91	2·05
Amble... ..	4,810	2	3	1	—	3	—	9	9	1·87	1·87
Ashington ...	28,370	6	6	4	2	19	2	37	39	1·30	1·30
Bedlingtonshire	29,180	10	10	3	2	26	2	51	53	1·75	1·82
Gosforth ...	24,990	7	11	3	3	22	2	46	48	1·84	1·92
Hexham ...	9,390	3	2	3	1	6	1	15	16	1·60	1·70
Longbenton ...	43,210	10	11	3	4	34	2	62	64	1·43	1·48
Newbiggin-by- the-Sea ...	10,060	5	3	3	2	10	—	23	23	2·29	2·29
Newburn ...	25,780	3	9	5	1	24	2	42	44	1·63	1·71
Prudhoe ...	9,960	4	2	1	—	11	—	18	18	1·81	1·81
Seaton Valley	26,220	20	11	4	2	18	1	55	56	2·10	2·14
Rural Districts—											
Alnwick ...	12,470	9	5	1	—	10	—	25	25	2·00	2·00
Belford ...	5,030	4	2	3	—	4	3	13	16	2·60	3·18
Bellingham ...	5,330	1	1	1	—	3	—	6	6	1·13	1·13
Castle Ward ...	18,690	8	7	4	—	15	—	34	34	1·82	1·82
Glendale ...	7,470	1	1	—	—	7	—	9	9	1·20	1·20
Haltwhistle ...	7,320	2	4	—	2	11	1	19	20	2·60	2·73
Hexham ...	19,980	3	6	7	—	17	2	33	35	1·65	1·75
Morpeth ...	18,070	8	6	2	1	12	3	29	32	1·60	1·77
Norham and Islandshires	4,220	2	2	2	—	2	—	8	8	1·90	1·90
Rothbury ...	5,520	1	1	1	—	5	—	8	8	1·45	1·45
TOTALS ...	463,900	172	158	82	33	421	28	866	894	1·87	1·93

TUBERCULOSIS.

TABLE 10.
STATISTICS—YEARS 1928 TO 1957.

YEAR.	NOTIFICATIONS.			DEATHS.			DEATH RATE PER 1,000 POPULATION.		
	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms
1928	780	357	1,137	277	107	384	0.68	0.26	0.94
1929	722	265	987	301	108	409	0.74	0.26	1.00
1930	730	282	1,012	321	89	410	0.78	0.22	1.00
1931	642	272	914	309	100	409	0.75	0.25	1.00
1932	592	247	839	279	93	372	0.68	0.23	0.91
1933	519	195	714	268	81	349	0.65	0.20	0.85
1934	502	212	714	249	85	334	0.60	0.21	0.81
1935	378	207	585	218	77	295	0.53	0.19	0.72
1936	392	165	557	224	66	290	0.55	0.16	0.71
1937	338	149	487	219	78	297	0.54	0.19	0.73
1938	347	190	537	164	64	228	0.40	0.16	0.56
1939	288	130	418	216	58	274	0.52	0.14	0.66
1940	343	111	454	226	58	284	0.55	0.14	0.69
1941	346	116	462	208	51	259	0.51	0.13	0.63
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28
1952	519	91	610	77	15	92	0.17	0.04	0.21
1953	480	111	591	71	12	83	0.16	0.03	0.19
1954	556	101	657	66	7	73	0.15	0.01	0.16
1955	564	79	643	67	8	75	0.15	0.02	0.17
1956	399	68	467	50	5	55	0.11	0.01	0.12
1957	356	69	425	26	7	33	0.06	0.01	0.07

TABLE 11.

NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS
DURING THE YEAR 1957.

AGE PERIODS.			* NEW CASES.						DEATHS.					
			Respiratory.			Non-Respiratory.			Respiratory.			Non-Respiratory.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	...	...	1	—	1	—	1	1	—	—	—	—	—	—
1—	...	...	3	4	7	4	2	6	—	—	—	—	—	—
5—	...	...	14	8	22	7	4	11	—	—	—	—	—	—
15—	...	...	104	129	233	13	23	36	5	5	10	—	1	1
45—	...	...	60	13	73	6	6	12	12	1	13	—	3	3
65 and upwards...			11	9	20	2	1	3	2	1	3	—	3	3
TOTALS	...		193	163	356	32	37	69	19	7	26	—	7	7

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 12.
MASS MINIATURE RADIOGRAPHY.

AREA.	MINIATURE FILMS.			LARGE FILMS.			TUBERCULOSIS (Newly discovered).				Referred to Industrial Health		Referred to Thoracic Surgery	
	M.	F.	Total.	M.	F.	Total.	Active.		Inactive.		M.	F.	M.	F.
							M.	F.	M.	F.				
1.—Wallsend ...	4,796	1,917	6,713	90	16	106	4	1	39	4	35	3	8	1
2.—Whitley Bay ...	1,606	2,199	3,805	15	22	37	1	—	5	6	3	4	1	1
3.—Ashington ...	611	765	1,376	14	9	23	—	—	1	1	2	—	1	—
4.—Bedlington ...	1,386	1,205	2,591	16	1	17	—	1	4	—	—	—	3	—
5.—Blyth ...	1,398	1,319	2,717	14	9	23	1	1	2	1	2	1	—	—
6.—Morpeth ...	550	498	1,048	6	5	11	—	—	—	—	—	—	—	—
7.—Seaton Delaval ...	275	212	487	7	—	7	—	—	1	—	2	—	1	—
8.—Cramlington ...	330	301	631	3	—	3	—	—	2	—	—	—	—	—
9.—Alnwick ...	706	1,183	1,889	11	17	28	2	2	2	7	1	3	1	—
10.—Amble ...	570	646	1,216	22	24	46	4	—	10	9	2	6	1	—
11.—Berwick ...	1,169	1,548	2,717	21	27	48	3	1	8	12	1	4	1	—
12.—Prudhoe ...	874	528	1,402	27	6	33	1	—	7	1	3	—	—	—
13.—Mental Hospitals ...	2,535	2,462	4,997	94	75	169	1	3	14	12	5	8	—	—
14.—Approved Schools, etc. ...	271	93	364	2	1	3	—	—	—	—	—	—	—	—
TOTAL ...	17,077	14,876	31,953	342	212	554	17 0·09%	9 0·06%	95	53	56	29	19	2

CARE AND AFTER-CARE.

TABLE 13.

WORK OF THE ALMONERS.

Home Visits	...	...	...	...	...	...	...	546
Sanatorium visits	...	...	...	...	...	...	...	1,379
Seen at Chest Clinics	...	...	...	...	...	...	...	1,474

Details of help given :—

After-Care Sub-Committees :	Extra nourishment	...	...	235
	Bedding and comforts	...	...	14
	Clothing	...	...	48
	Travelling expenses	...	...	70
	Other help	...	...	44
National Assistance Board :	Allowances	...	...	179
	Clothing	...	...	24
	Bedding	...	...	9
	Travelling expenses	...	...	12
	Extra nourishment	...	...	21
	Removal	...	...	7
	Other needs	...	...	2

Resettlement :—

Referred to Ministry of Labour	...	...	...	...	121
Employment obtained	...	...	...	...	117
To Government Training Centre or Rehabilitation Unit					18
Attended Resettlement Clinics	...	...	...	...	15
To Convalescent Holiday	...	...	...	...	37

Other help :—

Children arranged for	...	...	...	...	45
Referred for Home Help	...	...	...	...	14
Assisted with housing	...	...	...	...	54

Other assistance, including financial help with gas and electricity bills, removal expenses, home help payments, pocket money and grocery, bedding and clothing grants, was arranged through National and Local Voluntary bodies and through voluntary funds of After-Care Sub-Committees.

TABLE 14.

CONVALESCENCE.

	Shoreston Hall.		Boarbank Hall.		Shotley Bridge.		Silloth.		St. Margaret's Hawick.		Percy House, Nevilles Cross.		Low Shield House, Sparty Lea.		Whitburn.		Armstrong House, Bambergh.	Bramhope, Clacton-on-Sea.	Gillsland.	Metcalf Smith House, Harrogate.	Beechways, Southport.	TOTALS.					
	M.	F.	M.	F.	M.	F.	M.	F.	F.	F.	F.	F.	M.	F.	Ch.	F.	F.	F.	M.	F.	Ch.	M.	F.	Ch.	Total		
Admissions	13	6	1	4	3	13	1	10	1	1	2	1	10	1	8	4	2	1	1	2	20	61	5	86			
Re-admissions	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1			
Discharges	14	6	1	4	3	13	1	10	1	1	2	1	10	1	8	4	2	1	1	2	21	61	5	87			
Received convalescence during the year :—																											
Tubercular : Adults	13	5	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	13	7	—	20			
General : Adults	—	1	1	4	3	13	1	9	1	1	2	1	10	—	8	—	2	—	1	2	7	54	—	61			
Children	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	—	—	—	—	—	—	5	5			
Total	13	6	1	4	3	13	1	10	1	1	2	1	10	1	8	4	2	1	1	2	20	61	5	86			
Total number of convalescent days ...	378	161	14	70	49	238	14	168	21	15	28	134	7	186	98	28	28	28	14	23	42	497	1114	105	1716		

No patients were in residence on 31st December, 1957.

MATERNITY AND CHILD WELFARE DENTAL SERVICE.

TABLE 15.

EXPECTANT AND NURSING MOTHERS.—Number provided with Dental Care.

	1951.	1952.	1953.	1954.	1955.	1956.	1957.
Number examined ...	1,220	1,621	1,787	1,850	1,550	1,758	1,829
Needing treatment ...	1,017	1,434	1,500	1,543	1,294	1,472	1,524
Treated ...	813	1,211	1,251	1,287	1,125	1,261	1,270
Attendances ...	3,044	4,364	5,251	5,636	5,376	5,826	5,868
Made dentally fit ...	532	719	890	956	982	966	998

PRE-SCHOOL CHILDREN—Number provided with Dental Care.

	1951.	1952.	1953.	1954.	1955.	1956.	1957.
Number examined ...	2,346	2,601	2,621	2,519	2,424	2,328	1,966
Needing treatment ...	2,040	2,295	2,283	2,113	2,025	1,948	1,638
Treated ...	1,813	2,044	1,860	1,765	1,749	1,655	1,365
Attendances ...	3,140	3,586	3,285	3,109	2,896	2,630	2,261
Made dentally fit ...	1,704	1,725	1,765	1,707	1,582	1,433	1,184

EXPECTANT AND NURSING MOTHERS.—Forms of treatment provided.

	1951.	1952.	1953.	1954.	1955.	1956.	1957.
Extractions...	2,797	4,577	5,401	5,227	5,595	5,796	5,953
Anaesthetics:—							
Local ...	1,597	2,088	2,772	2,377	1,729	1,358	1,560
General ...	71	174	181	261	326	354	395
Fillings ...	873	1,272	1,464	1,699	1,430	1,477	1,543
Scalings or scaling and gum treatment ...	356	342	387	391	370	401	457
Silver nitrate treatment ...	34	56	46	65	31	32	29
Dressings ...	110	125	71	282	299	361	369
Radiographs ...	46	65	42	191	309	284	280
Dentures:—Complete ...	280	386	526	537	596	642	724
Partial ...	308	250	244	226	247	326	277
Repairs ...	49	71	33	57	65	34	42

PRE-SCHOOL CHILDREN.—Forms of treatment provided.

	1951.	1952.	1953.	1954.	1955.	1956.	1957.
Extractions ...	4,801	5,088	4,517	4,342	4,267	3,720	3,122
Anaesthetics:—							
Local ...	156	127	112	82	76	33	40
General ...	1,309	1,453	1,440	1,237	1,179	1,081	877
Fillings ...	588	733	672	888	736	693	625
Scalings or scaling and gum treatment ...	82	90	98	18	39	47	60
Silver nitrate treatment ...	951	1,103	955	1,216	996	841	803
Dressings ...	98	108	103	116	134	164	93
Radiographs ...	7	25	2	10	7	19	21
Dentures:—Complete ...	5	12	7	6	5	5	2
Partial ...	1	Nil	3	2	5	5	Nil
Repairs ...	Nil	Nil	1	Nil	Nil	1	Nil

MIDWIFERY AND HOME NURSING SERVICE.

TABLE 16.

Year.	Nurses and Midwives employed.	Private Midwives in County.	Attended by Midwives.	Attended by Private Midwives.	M I D W I F E R Y.						
					Inhalation Analgesia.		Pethidine.	Nursing Visits.	Ante-natal Visits.	Post-nat Visits.	Puerperal Pyrexia.
					Gas/Air	Trilene					
1953	124	17	2,284	392	1,141	—	901	50,735	17,073	6,839	25
1954	118	14	2,380	364	1,353	—	1,187	53,751	14,280	5,373	46
1955	119	16	2,426	340	1,302	233	1,397	53,406	13,330	4,744	14
1956	120	13	2,273	331	696	914	1,114	55,488	14,672	5,133	21
1957	117	11	2,200	281	460	1,360	1,064	56,498	16,606	5,520	18

GENERAL NURSING.

Year.	New Cases.				Visits to All Cases.				Old Persons over 65 years.		Children under 5 years.	
	Medical.	Surgical.	Others.	Total.	Medical.	Surgical.	Others.	Total.	Cases.	Visits.	Cases.	Visits.
1953	7,144	4,725	835	12,704	169,826	67,312	15,966	253,104	3,116	—	1,006	—
1954	6,728	4,422	1,068	12,218	157,283	63,221	13,904	234,408	4,104	68,482	944	3,262
1955	6,551	4,311	746	11,608	165,523	61,689	14,105	241,317	3,690	121,133	782	5,446
1956	6,255	3,513	608	10,376	163,259	56,523	16,400	236,182	3,735	121,139	597	4,897
1957	6,085	3,259	669	10,013	168,284	54,145	15,280	237,709	3,775	130,296	559	4,803

AMBULANCE SERVICE.

TABLE 17.

AMBULANCES AND SITTING CASE CARS

AREA.	FIRST QUARTER.			SECOND QUARTER.			THIRD QUARTER.			FOURTH QUARTER.			TOTAL.		
	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.
North No. 1	544	1,561	33,617	563	1,541	29,674	555	1,322	29,452	534	1,432	29,393	2,196	5,856	122,136
North No. 2	584	2,008	35,311	567	1,741	32,303	590	1,723	32,744	586	1,782	33,429	2,327	7,254	133,787
Central	2,113	8,425	73,977	2,078	8,281	71,603	2,053	7,985	72,453	2,122	8,089	73,683	8,366	32,780	291,716
East	1,595	6,891	47,180	1,779	6,652	48,000	1,855	6,774	47,331	1,628	6,545	45,837	6,857	26,862	188,348
South East	1,697	6,359	46,028	1,936	5,854	45,503	1,926	6,181	46,562	1,766	5,953	45,383	7,325	24,347	183,476
South	2,704	10,109	77,751	2,727	9,829	73,973	2,636	9,214	73,171	2,853	9,212	78,271	10,920	38,364	303,166
Wallsend	1,576	5,041	20,776	1,561	4,715	20,876	1,587	4,593	20,778	1,597	5,125	21,553	6,321	19,474	83,983
West	1,207	4,128	42,388	1,305	4,227	47,159	1,302	3,876	45,145	1,295	3,971	43,105	5,109	16,202	177,797
Total	12,020	44,522	377,028	12,516	42,840	369,091	12,504	41,668	367,636	12,381	42,109	370,654	49,421	171,139	1,484,409

AMBULANCE CAR SERVICE.

North No. 1	225	728	14,241	199	676	14,215	239	924	18,105	287	1,164	22,193	950	3,492	68,754
Central	73	248	3,277	68	224	2,844	86	260	3,546	68	209	3,235	295	941	12,902
West	376	1,576	19,689	393	1,945	21,313	417	2,024	21,752	458	2,175	25,271	1,644	7,720	88,025
Total	674	2,552	37,207	660	2,845	38,372	742	3,208	43,403	813	3,548	50,699	2,889	12,153	169,681
Total Ambulance Service	12,694	47,074	414,235	13,176	45,685	407,463	13,246	44,876	411,039	13,194	45,657	421,353	52,310	183,292	1,654,090

J—Journeys. P—Patients. M—Mileage.

TABLE 18.

AMBULANCE SERVICE MILEAGE.

Service.	North No. 1.	North No. 2.	Central.	East.	South- East.	South.	Wallsend.	West.	Total.
Direct ...	45,368	68,554	291,716	188,348	183,476	303,166	83,983	—	1,164,611
British Red Cross Society ...	76,768	—	—	—	—	—	—	131,774	208,542
St. John Ambulance Brigade ...	—	—	—	—	—	—	—	45,410	45,410
Agents ...	—	65,233	—	—	—	—	—	613	65,846
Total Ambulances...	122,136	133,787	291,716	188,348	183,476	303,166	83,983	177,797	1,484,409
Ambulance Car Service ...	68,754	—	12,902	—	—	—	—	88,025	169,681
Total Service ...	190,890	133,787	304,618	188,348	183,476	303,166	83,983	265,822	1,654,090

HOME HELP SERVICE

TABLE 19.

				Full-time.	Part-time.	Total.
Old Age and Chronic Illness	...			4	2,392	2,396
Acute Illness	...	...	...	19	397	416
Confinement	...	...	...	104	88	192
Blindness	...	...	...	—	84	84
Tuberculosis	...	...	...	—	35	35
Problem cases including care of children in absence of mother	...			6	12	18
			Totals	...	133	3,008
					3,008	3,141

The number of home helps employed compared with last year was :—

				Full-time.	Part-time.	Total.
31st December, 1957	...	...		9	791	800
31st December, 1956	...	...		18	741	759

TABLE 20.

Area.	Number of cases assisted.		Home Helps employed at 31st December.	
	44 hours per week.	Less than 44 hours per week.	44 hours per week.	Less than 44 hours per week.
North No. 1	11	77	—	26
North No. 2	12	193	1	65
Central	13	478	2	104
East	2	455	1	104
South	41	594	2	181
South-East	22	688	1	118
West	20	267	—	106
Wallsend	12	256	2	87
TOTALS	133	3,008	9	791

MENTAL HEALTH SERVICE.

TABLE 21.

SUMMARY OF CASES DEALT WITH UNDER LUNACY AND MENTAL TREATMENT ACTS.

(1) ADMISSIONS SECTION 20 (3 day order).						Male.	Female.	Total.
Preston Hospital, North Shields	...					134	169	303
St. Mary's Hospital, Stannington	...					31	34	65
St. Nicholas Hospital, Gosforth	...					16	17	33
Newcastle General Hospital, (Psychiatric Unit)	...	...	...	...	...	5	17	22
Total						186	237	423

(2) DISPOSAL OF SECTION 20 ADMISSIONS.

To.	From Preston Hospital North Shields.				From St. Mary's Stannington.				From St. Nicholas Gosforth.				From Newcastle General Hospital.				Total,
	Volun- tary.		Certifi- cation.		Volun- tary.		Certifi- cation.		Volun- tary.		Certifi- cation.		Volun- tary.		Certifi- cation.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
St. George's Morpeth	27	34	50	81	—	—	—	—	—	—	—	—	—	—	—	—	192
St. Mary's Stannington	—	—	—	—	19	27	11	4	—	—	—	—	—	—	—	—	61
St. Nicholas Gosforth ...	—	—	—	2	—	—	—	—	10	11	3	6	—	—	—	—	32
Newcastle General Hospital ...	—	—	—	—	—	—	—	—	—	—	—	—	2	8	—	—	10
Retreat, York ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Total to hospital ...	27	34	50	83	19	27	11	4	10	11	3	6	2	8	1	—	296
	Male.		Fe- male.		Male.		Fe- male.		Male.		Fe- male.		Male.		Fe- male.		
Geriatric/ Medical Wards ...	5		6		—		—		—		—		—		—		11
Home ...	45		42		—		3		2		—		2		8		102
Died ...	7		4		—		1		—		—		—		—		12
Totals ...	57		52		—		4		2		—		2		8		125

(3) CERTIFICATIONS FROM HOME (Section 16).

				Male.	Female.	Total.
St. George's, Morpeth	...	...	...	11	12	23
St. Mary's, Stannington	...	...	...	3	6	9
St. Nicholas, Gosforth	...	...	...	2	5	7
				<u>16</u>	<u>23</u>	<u>39</u>

(4) VOLUNTARY PATIENTS.

				Male.	Female.	Total.
St. George's, Morpeth	...	...	...	165	255	420
St. Mary's, Stannington	...	...	...	46	79	125
St. Nicholas, Gosforth	...	...	...	16	18	34
Newcastle General Hospital	...	...	...	28	45	73
				<u>255</u>	<u>397</u>	<u>652</u>

TABLE 22.

SUMMARY OF VISITS MADE BY AUTHORISED OFFICERS.

DISTRICT.	Area (Acres)	Popula- tion (Esti- mated)	Mental Defic- iency	Lunacy/ Mental Treat- ment	Social Wel- fare	Handi- capped Persons	Total
Alnwick ...	340,856	33,855	173	113	182	20	488
Ashington ...	97,828	96,730	645	276	553	28	1,502
Berwick ...	167,216	25,655	213	53	45	152	463
Blyth ...	22,059	93,180	726	413	542	—	1,681
Hexham ...	548,822	51,980	145	55	91	33	324
South Northum- berland ...	99,424	162,500	866	402	368	—	1,636
Total ...	1,276,205	463,900	2,768	1,312	1,781	233	6,094

TABLE 23.

MENTAL DEFECTIVES.

	On 31st December, 1957.			On 31st December, 1956.		
	M.	F.	T.	M.	F.	T.
(i) In Hospitals (including Licence cases)						
Under 16 years	37	42	79	43	38	81
Over 16 years	196	209	405	191	227	418
(ii) Under Guardianship—						
Over 16 years	1	4	5	1	4	5
Total Number of Cases under Order	234	255	489	235	269	504
(iii) Under Statutory Supervision—						
Under 16 years	126	76	202	118	87	205
Over 16 years	205	209	414	216	222	438
(iv) Under Friendly Supervision—						
Under 16 years	—	4	4	—	3	3
Over 16 years	33	43	76	32	42	74
Total Number of Cases under Super- vision	364	332	696	366	354	720
(v) In Places of Safety—						
Over 16 years	1	—	1	1	—	1
Total Number of Cases under Care	599	587	1,186	602	623	1,225
Cases awaiting hospital accommoda- tion (included above)	36	33	69	60	46	106
Mental Defectives attending Occupa- tion Centres (included above)—						
Under 16 years	55	40	95	55	34	89
Over 16 years	17	30	47	11	34	45
Total	72	70	142	66	68	134
(vi) Home Teaching	7	6	13	—	—	—
Ascertainment—	During 1957.			During 1956.		
(i) Reported by Local Education Authority	21	15	36	23	26	49
(ii) Reported from other sources	12	14	26	9	24	33
Total	33	29	62	32	50	82
Admissions to Hospitals under Order	11	16	27	16	15	31
Short term admissions to Hospitals (Ministry of Health Circular 5/52)	31	39	70	28	20	48

ICE CREAM SAMPLES.

TABLE 24.

COUNTY DISTRICTS.					GRADES.				Total.
					I.	II.	III.	IV.	
Boroughs :—									
Berwick-upon-Tweed	...	...	...	...	28	5	3	3	39
Blyth	...	...	...	...	11	1	2	1	15
Morpeth	...	...	...	...	—	—	—	—	—
Wallsend	...	...	...	...	7	—	—	—	7
Whitley Bay	...	...	...	...	17	8	3	7	35
Urban Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Amble	...	...	...	...	—	—	—	—	—
Ashington	...	...	...	...	17	4	4	6	31
Bedlingtonshire	...	...	...	...	28	4	1	4	37
Gosforth	...	...	...	...	21	4	2	1	28
Hexham	...	...	...	...	10	2	—	—	12
Longbenton	...	...	...	...	18	2	2	1	23
Newbiggin-by-the-Sea	...	...	...	...	—	—	—	—	—
Newburn	...	...	...	...	4	2	2	—	8
Prudhoe	...	...	...	...	6	—	—	—	6
Seaton Valley	...	...	...	...	44	5	—	—	49
Rural Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Belford	...	...	...	...	—	—	—	—	—
Bellingham	...	...	...	...	5	1	—	—	6
Castle Ward	...	...	...	...	16	1	1	2	20
Glendale	...	...	...	...	2	—	—	—	2
Haltwhistle	...	...	...	...	—	—	—	—	—
Hexham	...	...	...	...	13	—	1	—	14
Morpeth	...	...	...	...	—	—	—	—	—
Norham and Islandshires	...	...	...	...	—	—	—	—	—
Rothbury	...	...	...	...	—	—	—	—	—
TOTALS					247	39	21	25	332
PERCENTAGES					74.4%	11.8%	6.3%	7.5%	

HOUSING.

TABLE 25

COUNTY DISTRICTS.	NEW HOUSES COMPLETED DURING 1957.				TOTAL 1956.
	Local Authority.	Other Housing Authority.	Private.	Total.	
Boroughs :—					
Berwick-upon-Tweed	45	—	1	46	60
Blyth	78	—	34	112	180
Morpeth	40	—	70	110	90
Wallsend	217	—	6	223	340
Whitley Bay	47	—	250	297	241
Urban Districts :—					
Alnwick	64	—	7	71	17
Amble	—	—	12	12	42
Ashington	64	—	9	73	69
Bedlingtonshire ...	211	—	12	223	175
Gosforth	—	—	179	179	83
Hexham	16	—	7	23	51
Longbenton	36	574	169	779	901
Newbiggin-by-the-Sea	30	—	11	41	42
Newburn	118	80	387	585	293
Prudhoe	152	20	1	173	144
Seaton Valley	65	—	8	73	191
Rural Districts :—					
Alnwick	—	6	15	21	27
Belford	43	—	13	56	16
Bellingham	—	—	1	1	1
Castle Ward	—	—	282	282	452
Glendale	32	—	8	40	84
Haltwhistle	44	—	3	47	33
Hexham	100	—	37	137	60
Morpeth	5	—	18	23	102
Norham and Island-shires	2	—	1	3	9
Rothbury	—	—	5	5	17
Totals	1,409	680	1,546	3,635	3,720

TABLE 26.
SLUM CLEARANCE.

COUNTY DISTRICTS.	Esti- mated total number of unfit Houses.	Esti- mated number to be de- molish- ed in first 5 years.	Progress during 1957.			Total discon- tinued.
			Formal Action.		Houses dis- contin- ued by informal action.	
			Houses demol- ished.	Houses closed not demol- ished.		
Boroughs :—						
Berwick-upon- Tweed ...	94	94	5	3	16	24
Blyth ...	554	554	46	15	—	61
Morpeth ...	192	44	19	6	—	25
Wallsend...	414	414	60	100	23	183
Whitley Bay ...	93	93	9	—	—	9
Urban Districts :—						
Alnwick ...	240	18	5	1	5	11
Amble ...	100	100	—	—	—	—
Ashington ...	10	10	—	—	—	—
Bedlingtonshire	750	400	69	17	66	152
Gosforth ...	249	182	7	—	—	7
Hexham ...	60	60	2	4	3	9
Longbenton ...	757	285	88	1	—	89
Newbiggin-by- the-Sea ...	73	73	9	—	—	9
Newburn...	650	189	32	26	—	58
Prudhoe ...	572	312	79	—	5	84
Seaton Valley ...	536	536	59	—	—	59
Rural Districts :—						
Alnwick ...	310	310	2	4	3	9
Belford ...	61	61	6	25	—	31
Bellingham ...	78	24	—	—	—	—
Castle Ward ...	246	246	—	26	—	26
Glendare ...	494	100	18	24	4	46
Haltwhistle ...	110	110	—	24	8	32
Hexham ...	73	47	9	15	—	24
Morpeth ...	103	103	1	8	—	9
Norham and Islandshires ...	98	98	11	—	—	11
Rothbury ...	43	43	—	—	—	—
Totals ...	6,960	4,506	536	299	133	968

TABLE 27.
IMPROVEMENT GRANTS—HOUSING ACT, 1949.

County Districts.	Applications dealt with during 1957.			Total approved to Date.
	Submitted to Local Authority.	Rejected.	Approved.	
Boroughs—				
Berwick-upon-Tweed ...	14	4	10	66
Blyth... ..	186	—	186	214
Morpeth	5	—	5	96
Wallsend	4	—	4	14
Whitley Bay	1	—	1	5
Urban Districts—				
Alnwick	15	—	15	46
Amble	20	1	19	47
Ashington	27	—	27	137
Bedlingtonshire	76	—	76	272
Gosforth	4	4	—	20
Hexham	20	—	20	74
Longbenton	7	—	7	92
Newbiggin-by-the-Sea	19	—	19	215
Newburn	33	1	32	202
Prudhoe	17	—	17	83
Seaton Valley	15	9	5	68
Rural Districts—				
Alnwick	76	4	21	159
Belford	26	—	26	134
Bellingham	28	—	28	94
Castle Ward	37	—	37	261
Glendale	45	—	45	411
Haltwhistle	26	—	26	142
Hexham	95	—	95	442
Morpeth	26	—	26	166
Norham and Islandshires	28	—	28	156
Rothbury	25	—	23	211
	875	23	798	3,827

WELFARE OF BLIND AND OTHER HANDICAPPED PERSONS.

TABLE 28.

REGISTER OF BLIND PERSONS.

Total, 31st December, 1956	...	...	...	...	...	...	709
Names added to register :—							
New cases	...	...	...	...	...	86	
New cases transferred from Partially Sighted	...	...	...	...	...	12	
						<hr/>	98
Recertifications	...	...	...	...	...	...	<hr/>
Transfers In	...	...	...	...	...	...	14
							<hr/>
							112
							<hr/>
							821
Names removed from register :—							
Deaths	...	...	...	...	...	...	78
Decertified	...	...	...	...	...	...	7
Transfers Out	...	...	...	...	...	...	12
							<hr/>
							97
							<hr/>
							724
							<hr/>
							<hr/>
							724

TOTAL 31st December, 1957

724

REGISTER OF PARTIALLY SIGHTED.

Total, 31st December, 1956	...	...	...	...	...	...	242
Names added to register :—							
New cases	...	...	...	...	...	60	
Transferred from Register of Blind	...	...	...	...	...	1	
						<hr/>	61
Transfers In	...	...	...	...	...	...	5
							<hr/>
							66
							<hr/>
							308
Names removed from register :—							
Deaths	...	...	...	...	...	...	17
Transfers to Register of Blind	...	...	...	...	...	...	12
Transfers Out	...	...	...	...	...	...	4
Decertified	...	...	...	...	...	...	4
							<hr/>
							37
							<hr/>
							271
							<hr/>
							<hr/>
							271

TOTAL 31st December, 1957

271

HOME TEACHERS' VISITS.

Social welfare (blind)	...	...	...	...	...	...	5,811
Social welfare (partially sighted)	...	...	...	...	...	...	1,104
To give lessons	...	...	...	...	...	...	693
To investigate new applications	...	...	...	...	...	...	182
To accompany patients to hospital, etc.	...	...	...	...	...	...	14
Special visits	...	...	...	...	...	...	982
To homes and hospitals	...	...	...	...	...	...	70
							<hr/>
							8,856
							<hr/>
							<hr/>
							8,856

(In addition, home teachers in the North and West paid 135 visits to deaf persons.)

CHILDREN.

On 31st December, 1957, the children on the register were classified as follows :—

	Blind.	Partially Sighted.
Under 5 :—		
Educable (some may be classified ineducable by the time they are five)	6	4
Ineducable	1	—
5—15 :—		
Attending special schools	6	15
Attending other schools	—	10
Not at school (other defects)	—	1*
Ineducable	5	1
	—	—
	18	31
	==	==

* Left at 15.

REGISTER OF GENERAL HANDICAPPED.

Total on register, 31st December, 1956	491
New cases	53
	—
	544
Names removed from register :—	
Deaths	19
Left district and miscellaneous removals from register ...	20
	—
	39
	—
TOTAL 31st December, 1957	505
	==

